

Name
in
Full

James A. Albaugh

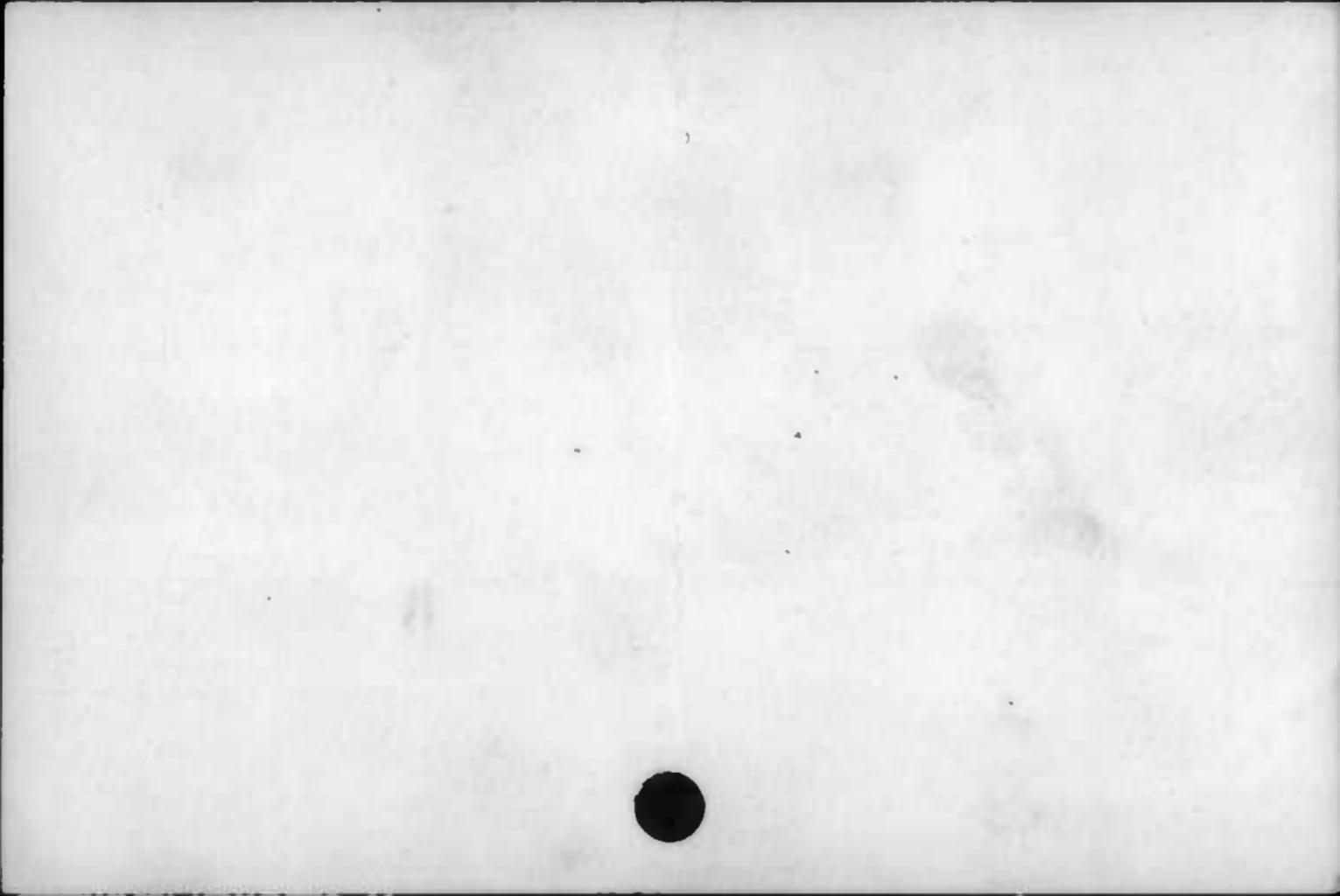
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Woodbine</u>	County <u>Carroll</u>	MARYLAND		
Date of death	Month <u>Sept</u>	Day <u>27</u>	Years <u>82</u>	Months <u>1</u>	Days <u>x</u>
Sex	Color or Race <u>Male</u>	White	Birth- place <u>Frederick Md</u>		
Occupation	Where Residing if not at place of death <u>Woodbine</u>				
Married, Single or Widowed	Married	Name of Wife or Husband <u>Ann Virginia Albaugh</u>	Father's Birthplace <u>Fred. Md</u>		
Father's Name	<u>Daniel Albaugh</u>				
Mother's Maiden Name	<u>Rebecca Albaugh</u>				
Name of person giving Information	<u>Ann V. Albaugh</u>				
CAUSES OF DEATH					
Primary	<u>Atrophic Softening of Brain</u>				
Immediate	<u>"</u>				
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician <u>A J Cronk</u>	How long <u>About one year</u>	
			Address <u>Mt airy Md</u>		
Accident or Suicide?					

65

PHYSICIAN
OR CORONER



Name
in
Full

Ida Bates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Springfield Hospital - Carroll

County

MARYLAND

Date of death 1909 Month September Day 25th Age 33 Years Months - Days -

Sex Female Color or Race White

Birth-place Penn.

Occupation None

Where Residing if not
at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name John Bates

Father's Birthplace Penn.

Mother's Maiden Name Annie E. Oyler

Mother's Birthplace Penn.

Name of person giving Information Hospital records.

How related to deceased None

CAUSES OF DEATH

Primary

Typhoid fever



How long

32 days.

Immediate

Peritonitis

How long

4½ days.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

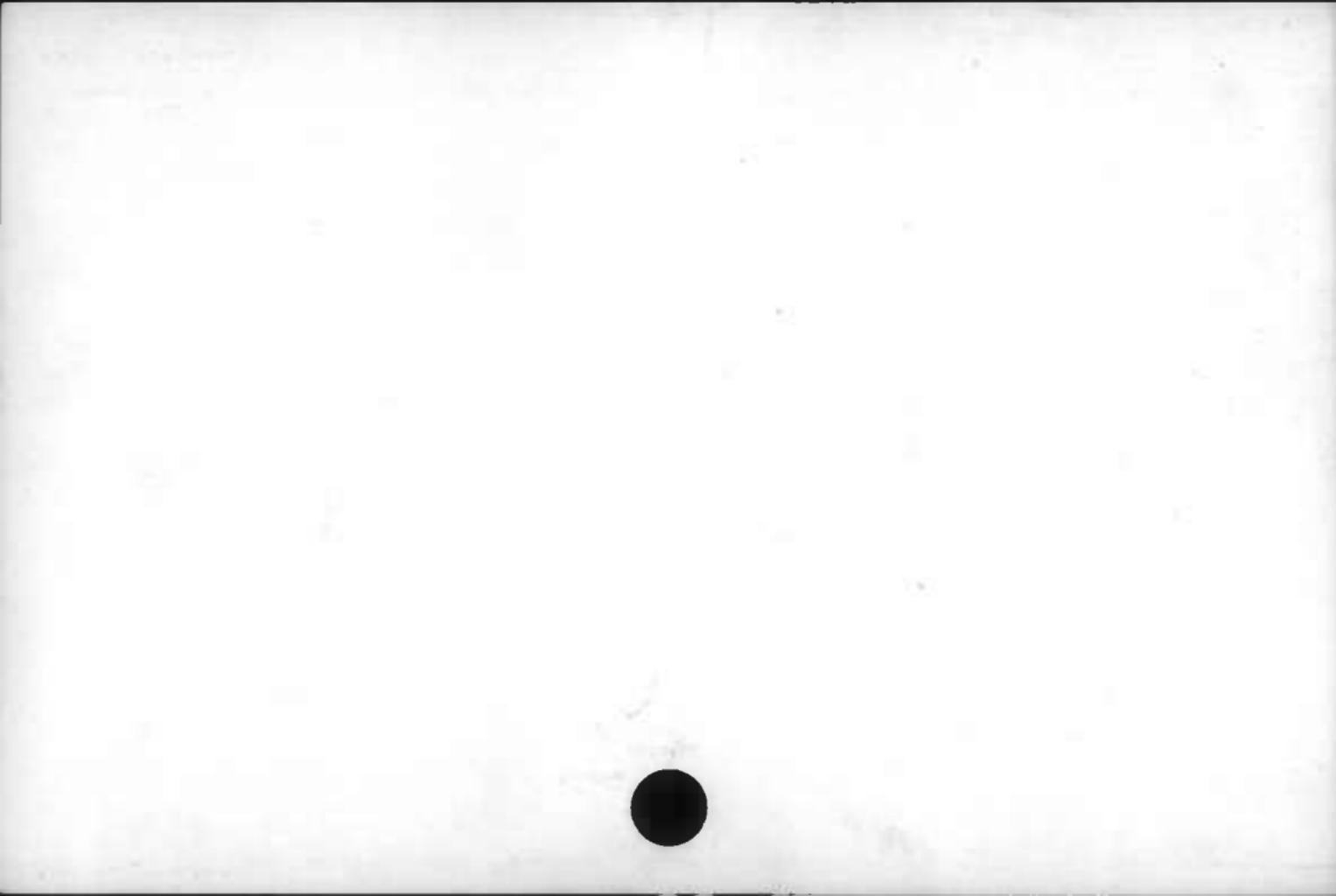
Address

W. Henry Fisher M.D.
Sykesville

3rd-

Accident or Suicide

No.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John W. Blizzard						CERTIFICATE OF DEATH	
Died at Hampstead		Town	Carroll		County	MARYLAND	
Date of death	1909	Month Sept	Day 23	Age	Years 73	Months 7	Days 15
Sex	male	Color or Race	white	Birth-place	Balto Co		
Occupation	Butcher			Where Residing if not at place of death	—		
Married, Single or Widowed	Name of Wife or Husband		Mary A Blizzard			Father's Birthplace	unknown
Father's Name	Caleb Blizzard					Mother's Birthplace	"
Mother's Maiden Name	Mary Stansbury					How related to deceased	Son
Name of person giving Information	Oliver Blizzard					How long	Two years
CAUSES OF DEATH						How long	2 days

Primary.

Chronic Gastritis

104

Immediate

General weakness

Are the name, age, sex, color, date and place correctly given above?

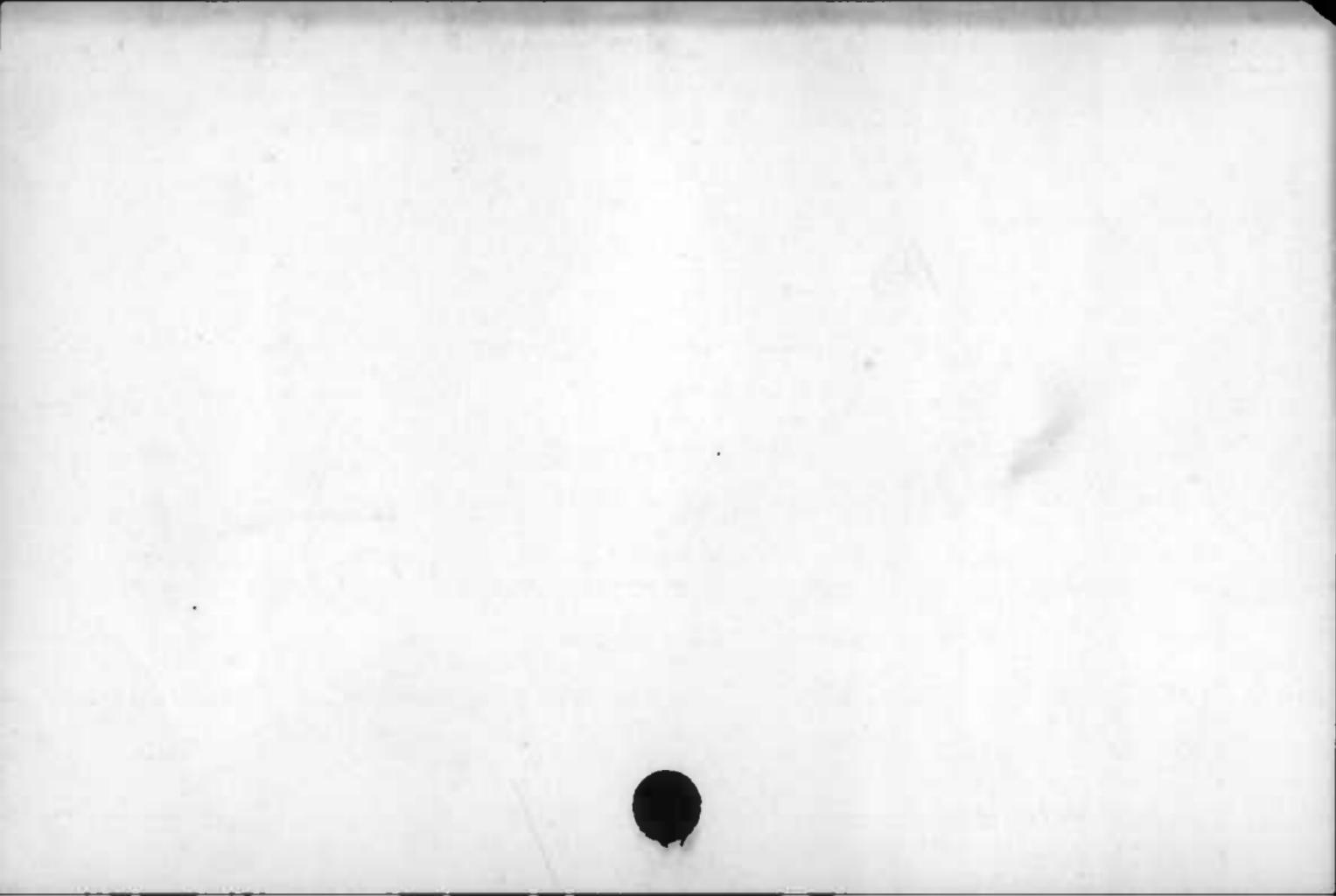
yes

Signature of Physician

Address

J R P F Richards
Hampstead
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Zaiah Magee's Blocker

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Rachel Catherine Blocker				
Father's Name	John Magee Blocker					Father's Birthplace
Mother's Maiden Name	Sarah Ruffly					Mother's Birthplace
Name of person giving Information	Dae of Blocker					How related to deceased

CAUSES OF DEATH

120

Primary	Chronic heart disease	How long	4 months
Immediate	Bright's Disease	5.	121

Are the name, age, sex, color, date and place correctly given above?

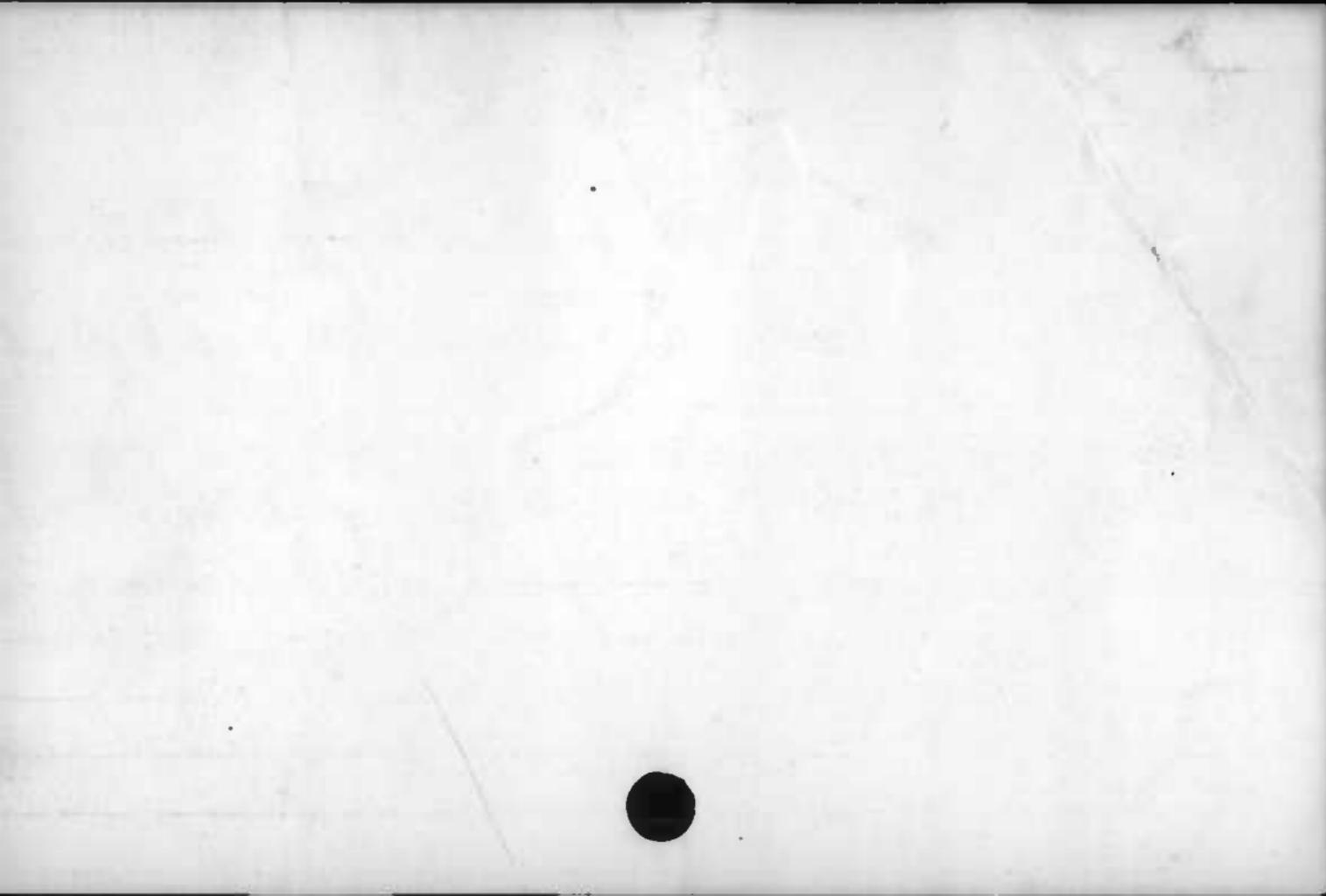
yes

Signature of Physician

Address

E. B. Albans M.D.
Blen Rock Pa.

Accident or Suicide?



Name
in
Full

Elias Bollinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND			
Died Near Towerville	Carroll	Month Days			
Date of death 1909	Month Sept	Day 10	Years Age 73	Month 11	Days 7
Sex Male	Color or Race White	Birth-place Near Pleasant Hill Rd			
Occupation Miller	Where Residing if not at place of death X				
Married, Single or Widowed Married	Name of Wife or Husband Magdelina Bollinger				
Father's Name John Bollinger	Father's Birthplace Penna				
Mother's Maiden Name Harriett Berlin	Mother's Birthplace Rd				
Name of person giving Information Magdelina Bollinger	How related to deceased Wife				

CAUSES OF DEATH

177

How long

About 6 months

How long

R. H. Wells
Gambier
Ohio

PHYSICIAN
OR CORONER

Primary

Drops General

Immediate

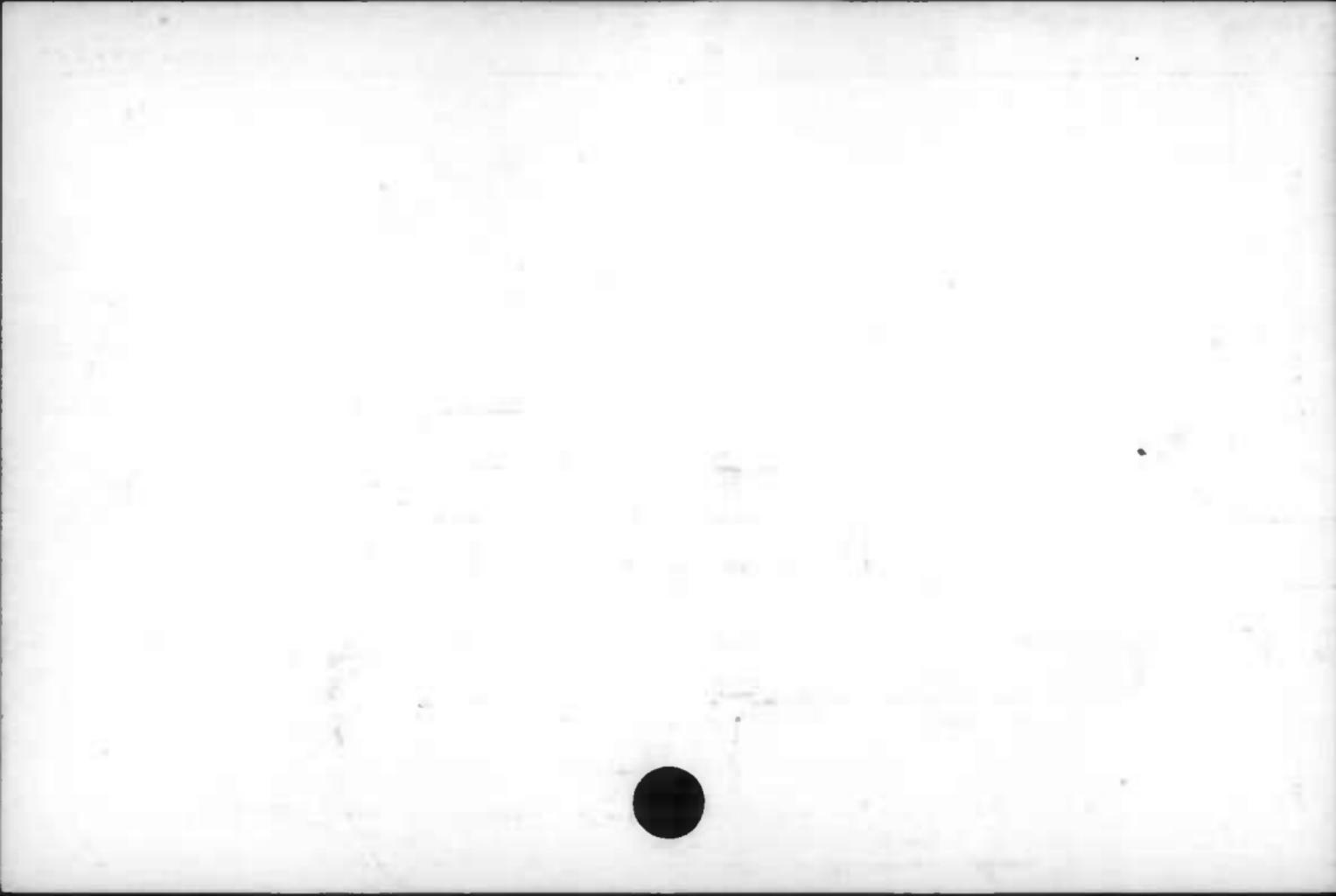
Hart Failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bowman Still Born +
Town Carroll

575

CERTIFICATE OF DEATH

MARYLAND

Died at January Month Day Year Months Days
Date of death 1909 Sept 18 Age — —

Sex Female Color or Race white Birth-place January, Md
Occupation none Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name James W. Bowman Father's Birthplace Md.

Mother's Maiden Name Julia Bernauer Mother's Birthplace Md.

Name of person giving information James Bowman How related to deceased Father

CAUSES OF DEATH

Primary

Premature

⑧

How long

How long

Immediate

—

about 1 month

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas. R. Tonk
Washington
Md.

Accident or Suicide

no

Smallwood
Stones

Name
in
Full

Budget Boylan

20 578

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Westminster</u>	County <u>Carroll</u>	MARYLAND		
Date of death 1909	Month <u>Sept</u>	Day <u>16</u>	Years <u>80</u>	Months <u>2</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Ireland</u>			
Occupation <u>At Home</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>James Boylan</u>				
Father's Name <u>Peter M. Sosland</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Kait Say</u>	Mother's Birthplace <u>Ireland</u>				
Name of person giving information <u>James Boylan</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

154

How long

2 yrs.

How long

PHYSICIAN
OR CORONER

Primary

Old Age

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Eugene M. Sullivan
1467 1/2 St
Westminster

Accident or Suicide

Clones Cathars

Name
in
Full

Ushur Clemson.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County		MARYLAND	
Died at Union Bridge	Carroll.			
Date of death 1909	Month Sept	Day 1st	Yeere Age 16	Months Days
Sex Male	Color or Race white	Birth-place Fred Bo. Md.		
Occupation School boy + Visited on Farm	Where Residing if not at place of death _____			
Married, Single Widower	Name of Wife or Husband _____			
Father's Name Nicholas Clemson.	Father's Birthplace Fred Bo. Md.			
Mother's Maiden Name Mary E. Branner.	Mother's Birthplace Fred Bo. Md.			
Name of person giving Information	How related to deceased			

CAUSES OF DEATH

Primary

Kicked by horse in abdomen

(166)

How long

Aug 28th

Immediate

Peritonitis Acute.

How long

Sept 1st

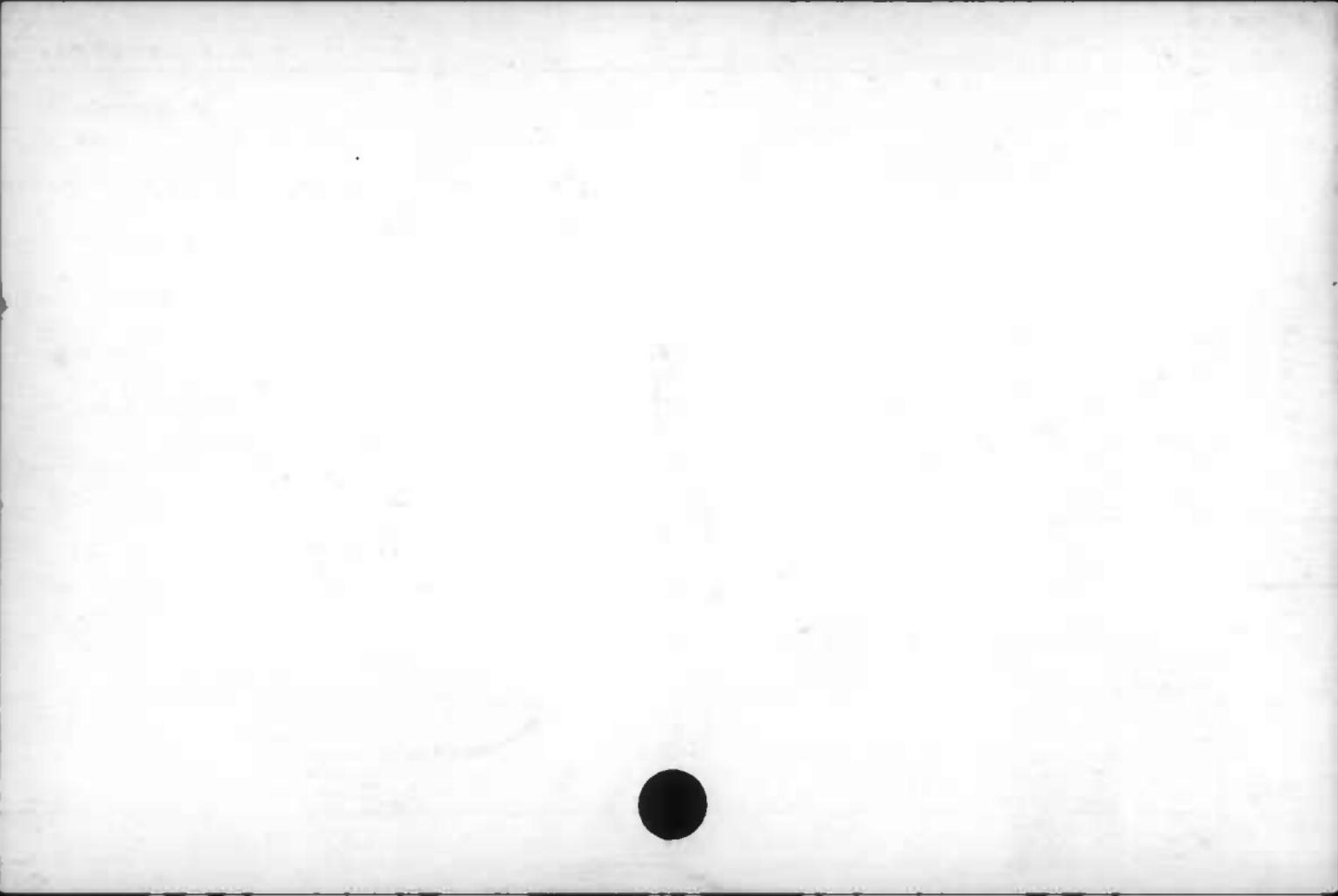
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James Watt M.D.
Union Bridge,
Md.

Occident or Suicide



Name
in
Full

Norman Russel Close

no 519

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at Westminster	Carroll				
Date of death 1909	Month Sept	Day 16	Year Age 1	Month 9	Days 25
Sex Male	Color or Race White	Birth-place Maryland			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name John T. Close				Father's Birthplace Maryland	
Mother's Maiden Name Elsie B. Zeff				Mother's Birthplace Maryland	
Name of person giving information John T. Close				How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

105

How long

How long

Immediate

"

yes "

Signature of Physician

Address

M. L. Bott
Westminster, Md.

Accident or Suicide

St Benjamins Cemetery
Tower

Name
in
Full

Cernos Crumrine

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Mother's Birthplace	
Father's Name	Casson Crumrine		Jnd.	Jnd.	
Mother's Maiden Name	Mary Shaffer		Jnd.	Bro.	
Name of person giving Information	M. Crumrine		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Nephritis

120

How long

One year -

Immediate Ascites

How long

Several mos.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

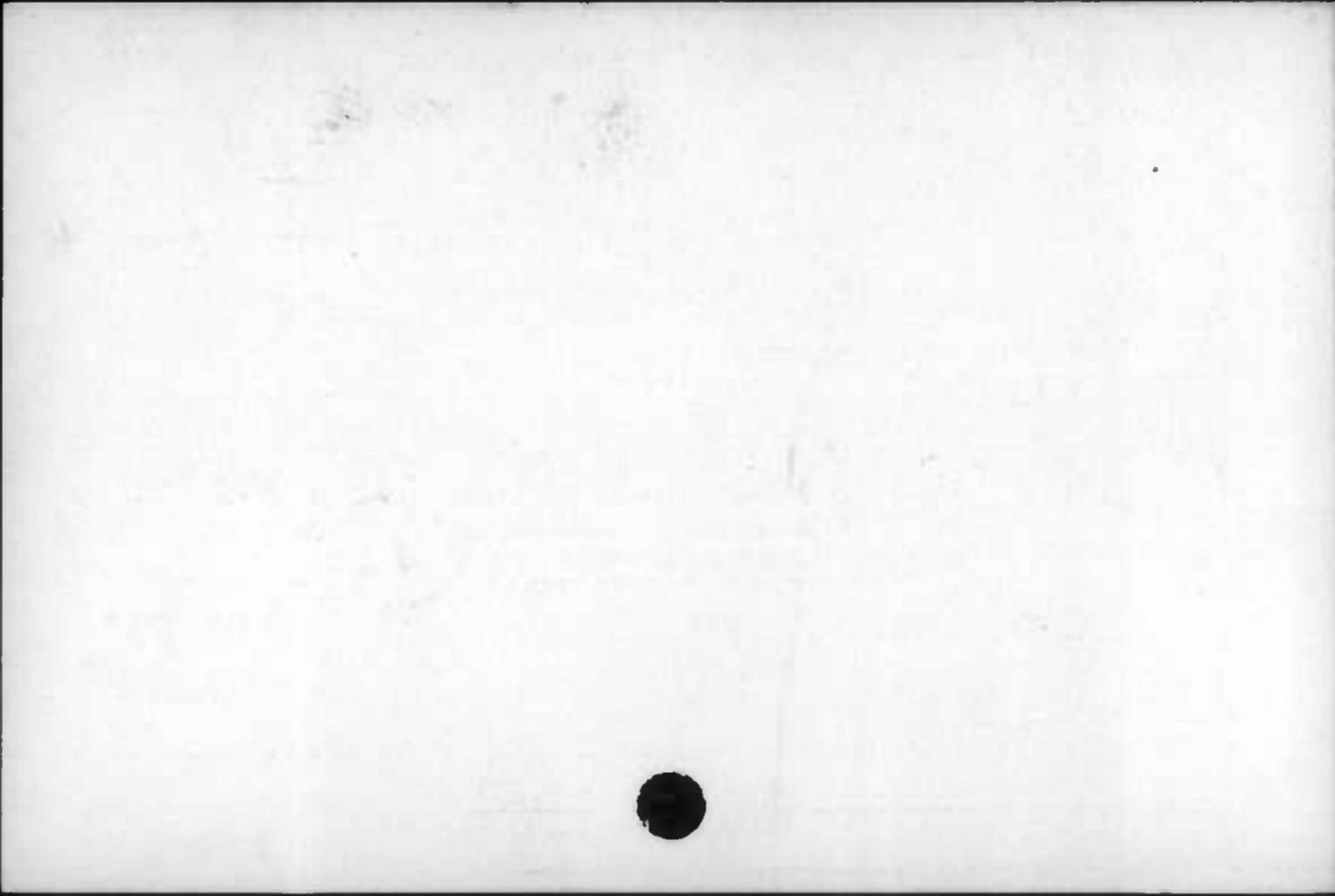
Address

John S. Ziegler

Melrose

Md.

Accident or Suicide?



Name
in
Full

William Adams Davis

52d

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND			
Died at Bird Hill	Carroll				
Date of death 1909	Month Sept	Day 24	Age —	Months 2	Days 10
Sex Male	Color or Race White	Birth-place Maryland			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name William E Davis	Father's Birthplace Maryland				
Mother's Maiden Name Pearl G Shapley	Mothar's Birthplace do				
Name of person giving information Pearl G Davis	How related to deceased Mother				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

5 days

Immediate

Diarrhoea of Brain

How long

one day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. L. Ball
Westminster
Md

Accident or Suicide

Sharon
Bethesda Church

Name
in
Full

Anna Dinges

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt Airy</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Sept</u>	Day <u>10</u>	Age	Years	Months <u>14</u>	Days <u>23</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place				
Occupation	Where Residing if not at place of death <u>165 Hillen Road. Lauraville. Md.</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malnutrition (diarrhoea)

179

How long

2 months +
2ds.

Immediate

Acute Inanition.

Are the name, age, sex, color, date and place correctly given above?

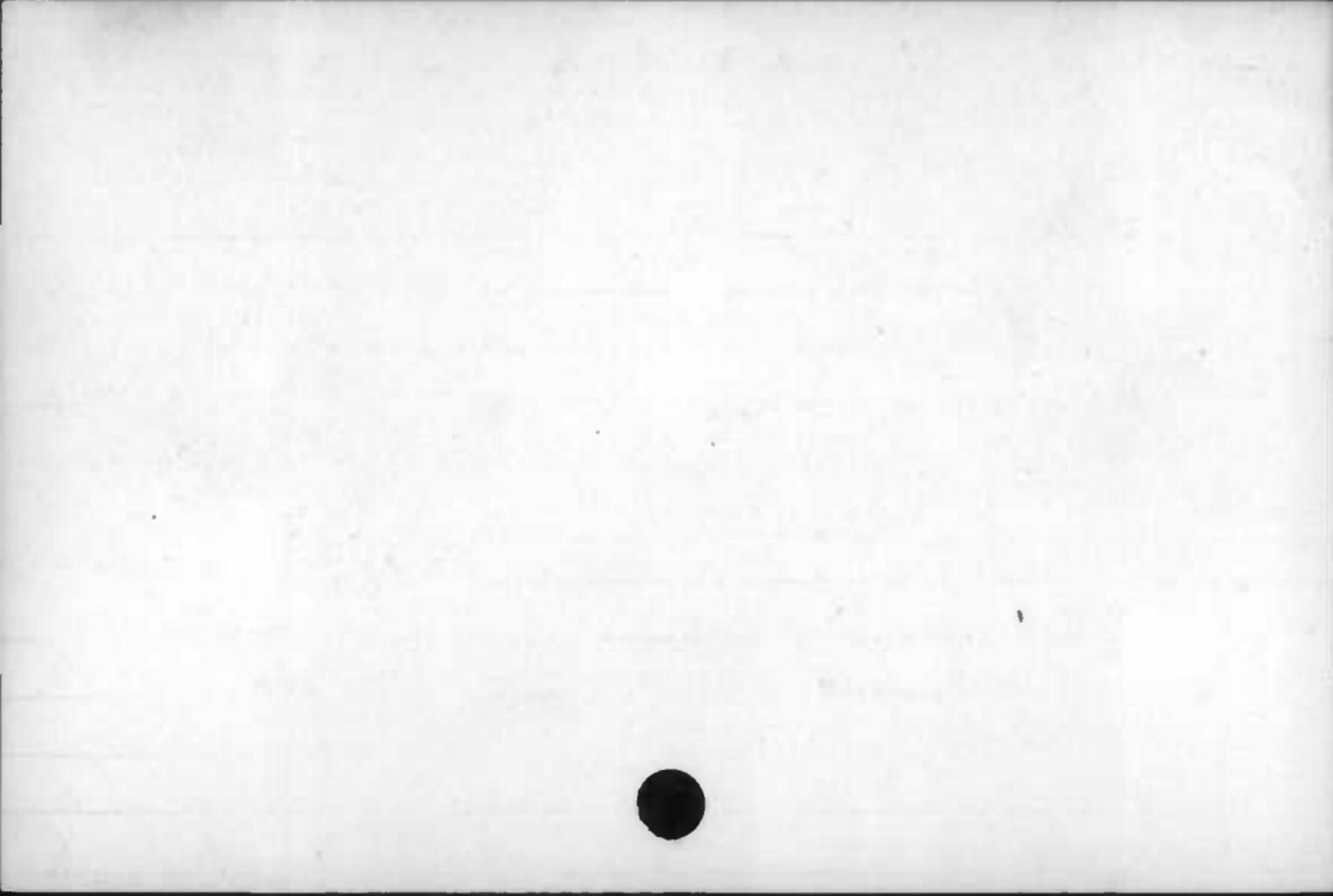
Signature of Physician

Wm. B. Blott M.D.

Address

802 Calvert St.
Baltimore Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Frank Duetonsch					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1909	Month Sept	Day 21 st	Years 63	Months -	Days -	
Sex	Male	Color or Race	White		Birth-place	Germany	
Occupation	Waiter		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown		Father's Birthplace	Unknown	
Father's Name	Unknown		Mother's Birthplace			Unknown	
Mother's Maiden Name	Unknown		Name of person giving Information			How related to deceased	
Name of person giving Information	Hospn Records						

CAUSES OF DEATH

154

How long

How long

Primary Severe Melancholia 10 years

Immediate General Debility

Are the name, age, sex, color, date and place correctly given above?

yes

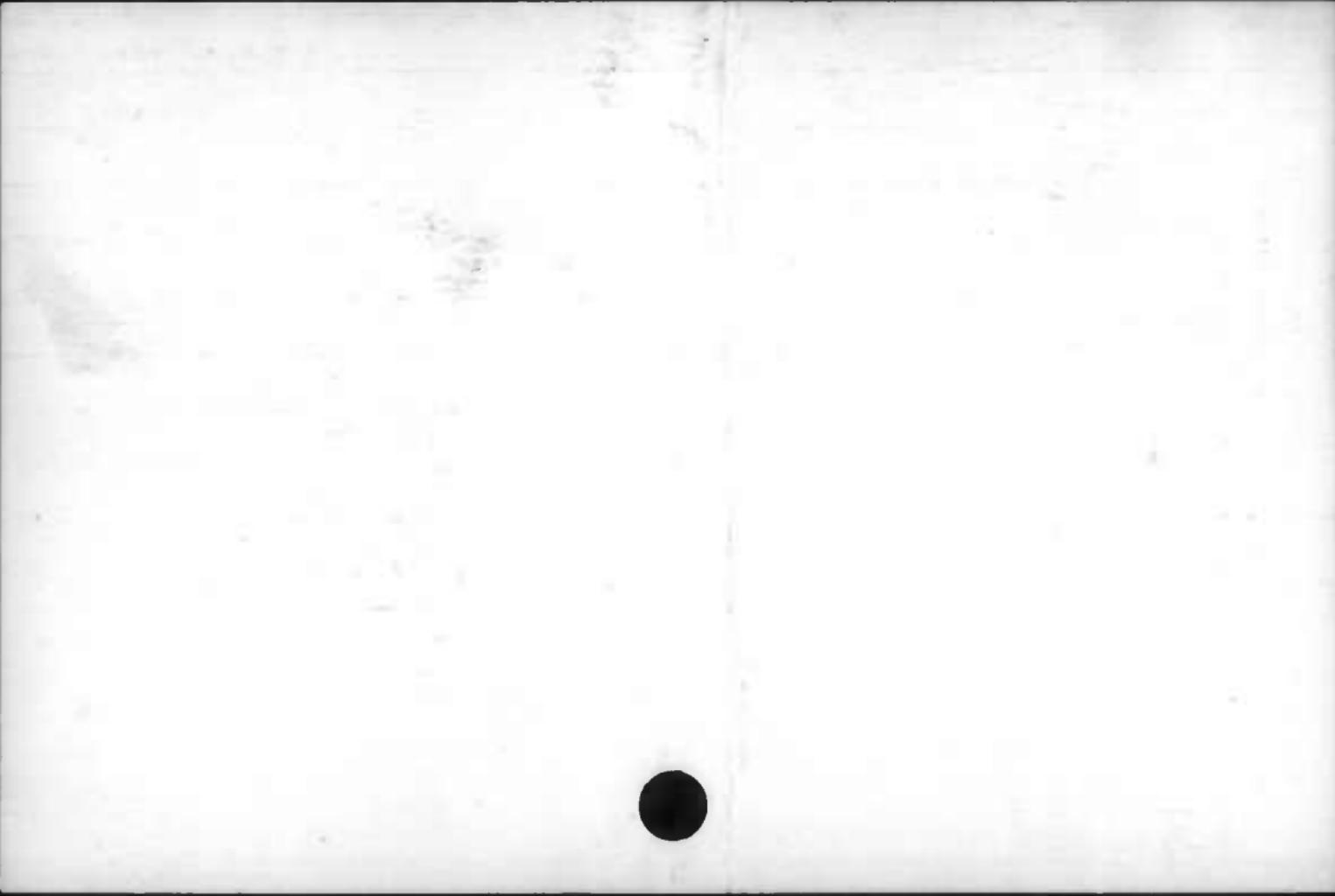
Signature of Physician

Address

S. H. Snarey
Springfield State Hosp
Sylmarville, Md.

Accident or Suicide

No.



Name
in
Full

Walter Leroy. Frederick +

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Manchester</i>	County <i>Cumall</i>	MARYLAND		
Date of death	Month <i>Sept</i>	Day <i>3</i>	Years <i>1</i>	Months <i>11 -</i>	Days <i>6 -</i>
Sex	Color or Race <i>Male</i>	White	Birth-place <i>Manchester, Md.</i>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Charles V. Frederick</i>		Father's Birthplace <i>Manchester</i>		
Father's Name	<i>Cora. B. McCollough</i>		Mother's Birthplace <i>Baltimore</i>		
Mother's Maiden Name	<i>Cora B. Frederick</i>		How related to deceased <i>Mother</i>		
Name of person giving Information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dysentery

14

How long

2 weeks

Immediate

collapse

How long

6 hrs

Are the name, age, sex, color, date and place correctly given above?

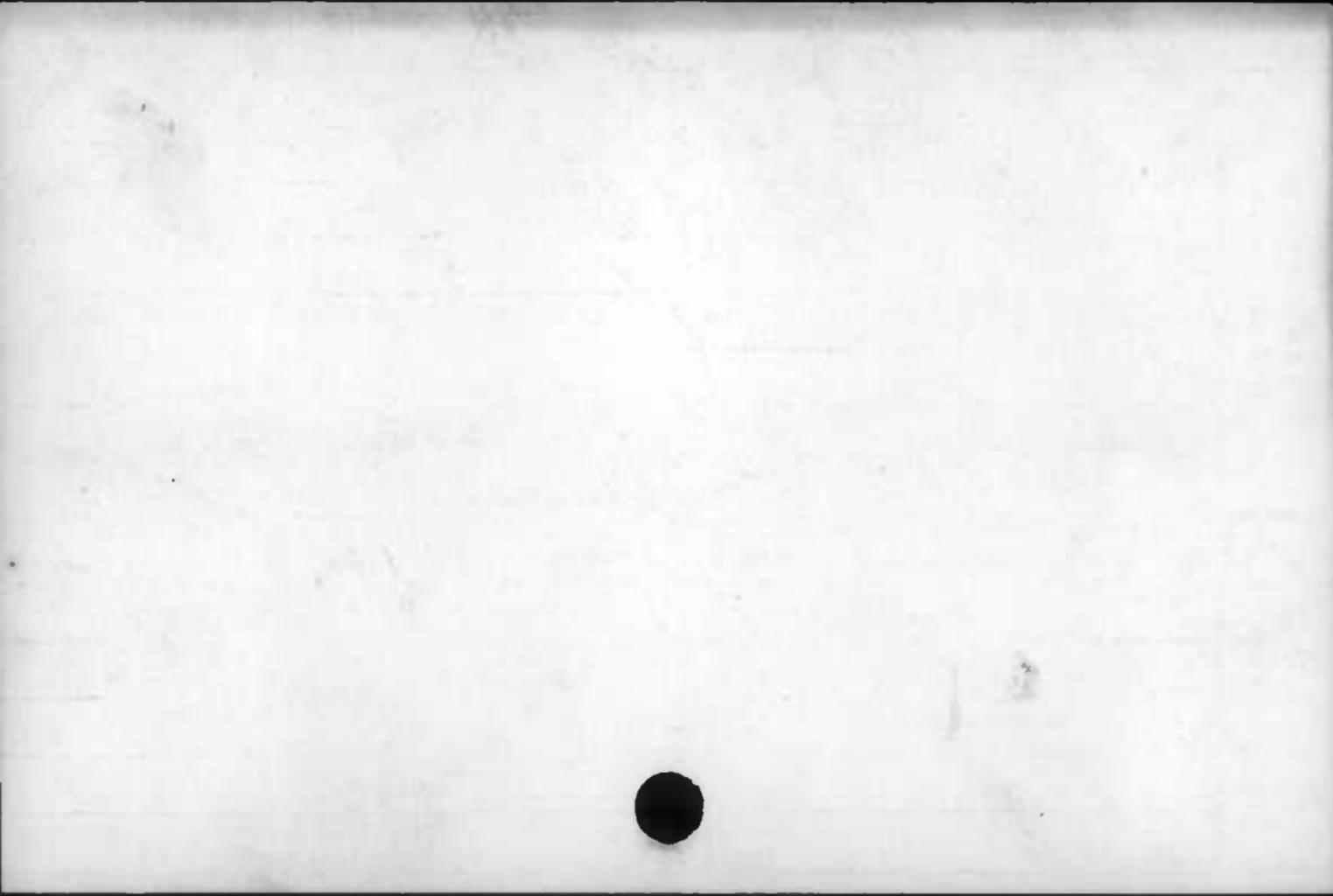
yes

Signature of Physician

Address

*J St Preston M.D.
Towson,
Md.*

Accident or Suicide?



Name
in
Full

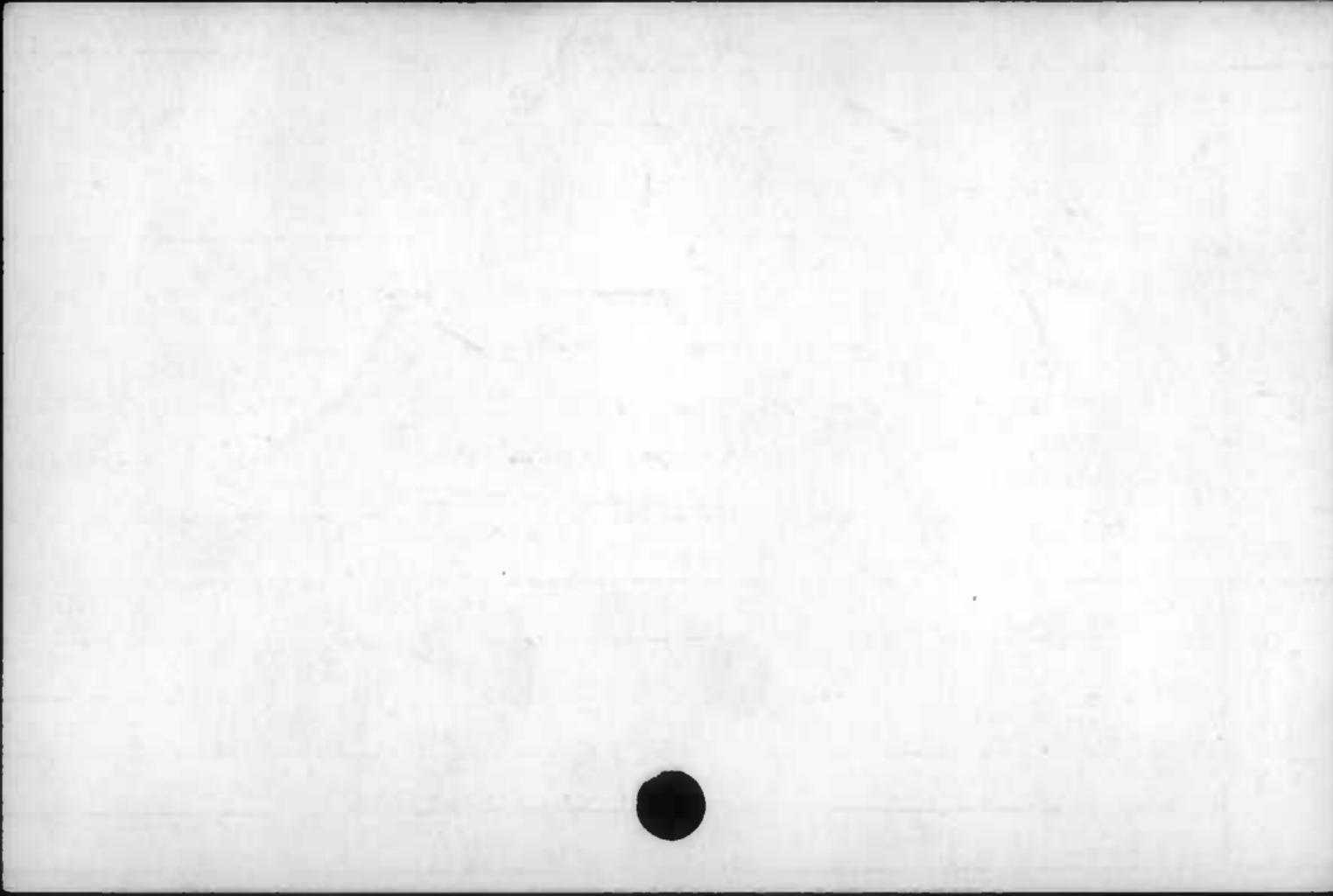
TO BE ANSWERED BY
NEAREST FRIEND

Basel T Grimes							CERTIFICATE OF DEATH
Died at	Town	County					MARYLAND
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age		Birth-place			
Occupation	Where Residing If not at place of death						
Married, Single or Widowed	Name of Wife or Husband	Christina Grimes			carroll		
Father's Name	Joshua Grimes			Father's Birthplace		mad moon	
Mother's Maiden Name	Eliza Barnes			Mother's Birthplace		or or	
Name of person giving Information	Tomas Grimes			How related to deceased		Son	

CAUSES OF DEATH

40

Primary	Carcinoma of Stomach		How long
Immediate	Pulmonary Edema		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	a. T. Crowley
		Address	Mt. airy Md
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jacob Hoffman

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Color or Race	White					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	Carrie Hoffman					
Father's Name	Father's Birthplace Manchester, Md.						
Mother's Maiden Name	Mother's Birthplace Manchester, Md.						
Name of person giving information	How related to deceased Wife						

CAUSES OF DEATH

67

Primary

Paroxysm

How long

3 years

Immediate

Paroxysm

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

151



Name
in
Full

Harvey Mans Hull

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909 Sept. 14

Age 2 mos. 10 days.

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Charles Hull

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Mans

Mother's
Birthplace

Ind.

Name of person giving
Information

Charles Hull

How related
to deceased

Father

CAUSES OF DEATH

151

How long

5 weeks

Primary

Inflammation

How long

24 hours

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J J Stewart
Westminster

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Adam Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at Sykesville

County Carroll

Date of death 1909 Month Sept Day 7

Years 45

Months — Days —

Sex Male

Color or Race

Black

Birth-place Virginia

Occupation

Stone Cutter ^{and Soldier in Spanish War}

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

Unknown

Father's Birthplace

Virginia

Mother's
Maiden Name

Unknown

Mother's Birthplace

Virginia

Name of person giving
Information

Samuel Johnson

How related
to deceased

none

CAUSES OF DEATH

Primary

Aphoplectic - Hemiplegia
Failure of Nervous System

64

How long

5 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A. B. Precher

Address

Sykesville
Md

Accident or Suicide



Name
in
Full

T. Vernon Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Springfield State Hosp.		Carroll	
Date of death	Month	Day	Years
1909	Sept	29 th	Age 25
Sex	Color or Race	Birth-place	Days
Male	White	Md.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Unknown
Single	Vernon	Mother's Birthplace	Unknown
Mother's Maiden Name	Unknown	How related to deceased	79
Name of person giving Information	Hospital records	How long	20 years

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epileptic Insanity

Immediate

Organic brain disease (mild regurgitation) 7 yrs.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

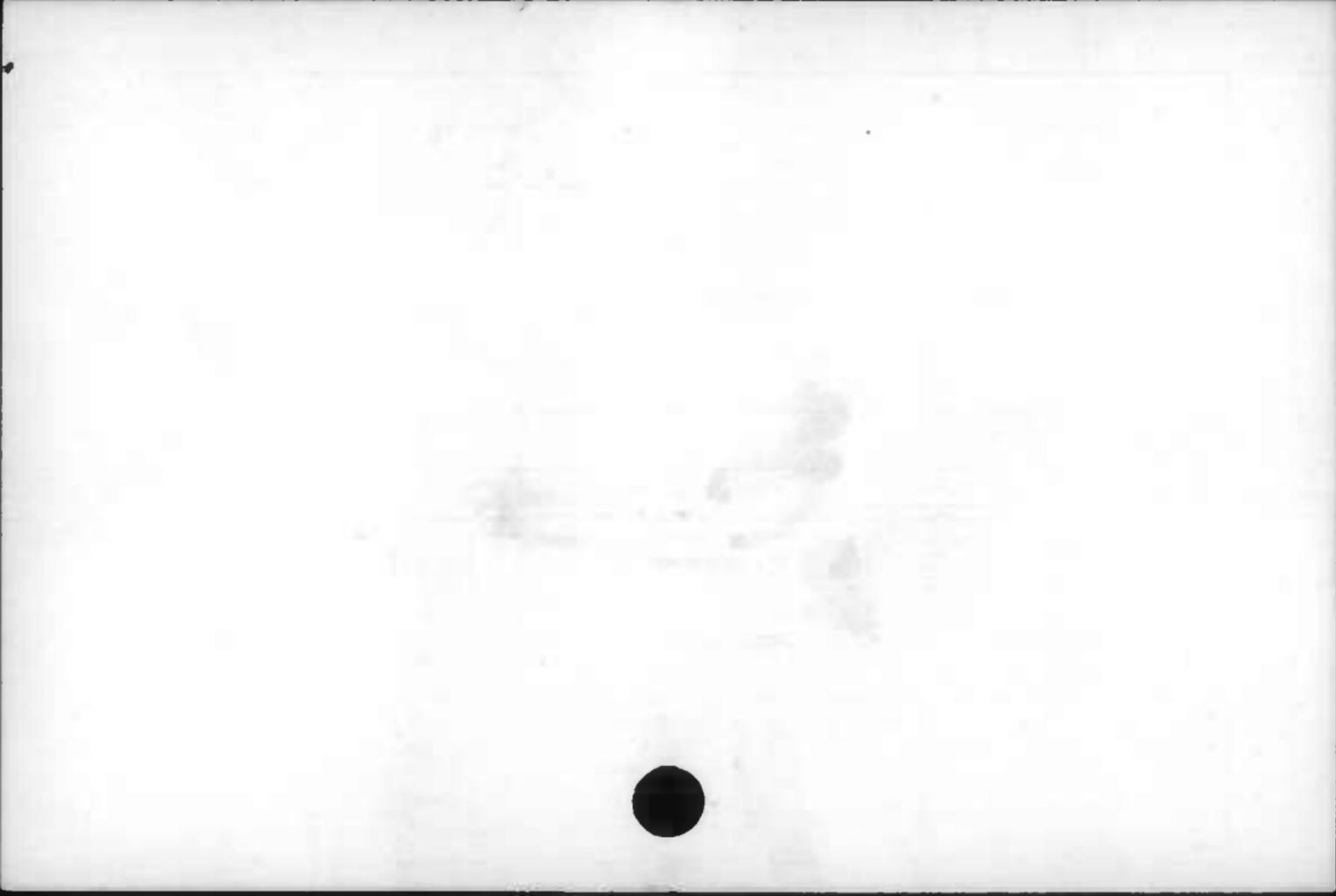
S. H. Murray

Address

Springfield State Hosp.
Sykesville, Md.

Accident or Suicide

No.



Name
in
Full

Rember Kolb

516

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1909	Sept	16	Age 71 11 16
Sex	Male	Color or Race	white
Occupation	Minister	Where Residing if not at place of death	Maryland
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah A. Barnes
Father's Name	Mathias Kolb	Father's Birthplace	Maryland
Mother's Maiden Name	Rebecca Favorites	Mother's Birthplace	Lebo
Name of person giving Information	Sarah A. Kolb	How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Brain Softening.

65

How long

6 years

Immediate

Paralysis

How long

8 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

G. R. Shipler, M.D.
Westminster,
Md.

Accident or Suicide

Waetmuisles Cemetery
Planer

Name
in
Full

Lucy La Bree

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital - Carroll County - MARYLAND
Town Month Day Years Months Days
Date of death 1909 September 24th Age 64 - -
Sex Female Color or Race White Birth-place Bel Air Md -
Occupation None Where Residing if not at place of death
Married, Single or Widowed Married Name of W~~H~~ Husband Unknown
Father's Name Unknown Father's Birthplace Unknown
Mother's Maiden Name Unknown Mother's Birthplace Unknown
Name of person giving Information Hospital records How related to deceased
Information

PHYSICIAN
OR CORONER

Primary

Typhoid fever

(1)

26 days.

Immediate

Toxemia

How long

5 days.

Are the name, age, sex, color, date and place correctly given above?

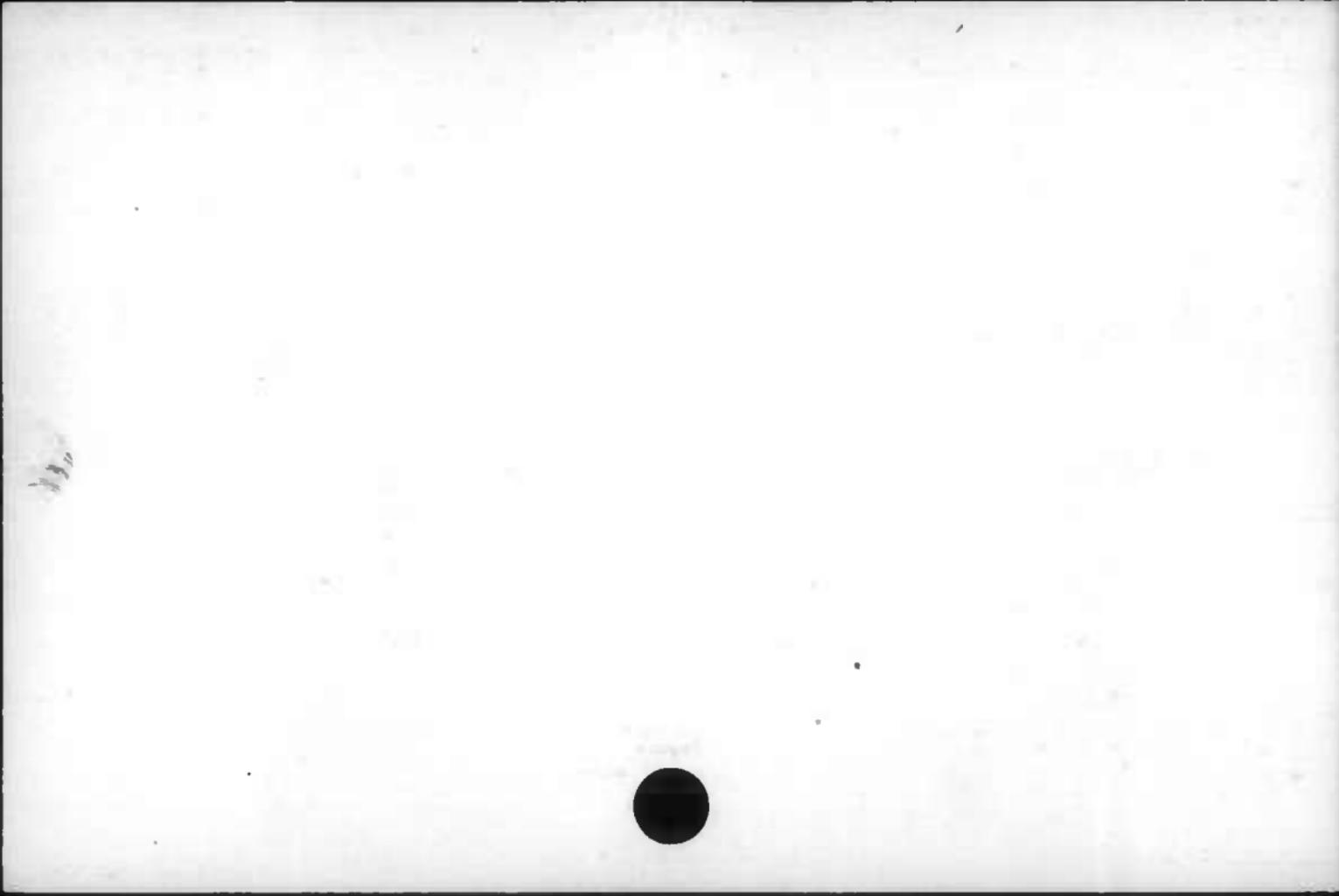
Yes

Signature of Physician

Address

W. Henry Fisher M.D.
Sykesville Md.

Accident or Suicide No.



Name
in
Full

John W. Lambert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	70	8	22
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	New Windsor			
Father's Name	Jesse Lambert	Father's Birthplace			Nad
Mother's Maiden Name	Julia G. Miller	Mother's Birthplace			Nad
Name of person giving Information	Herbert Lambert	How related to deceased			Aun

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

Immediate

As

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

66

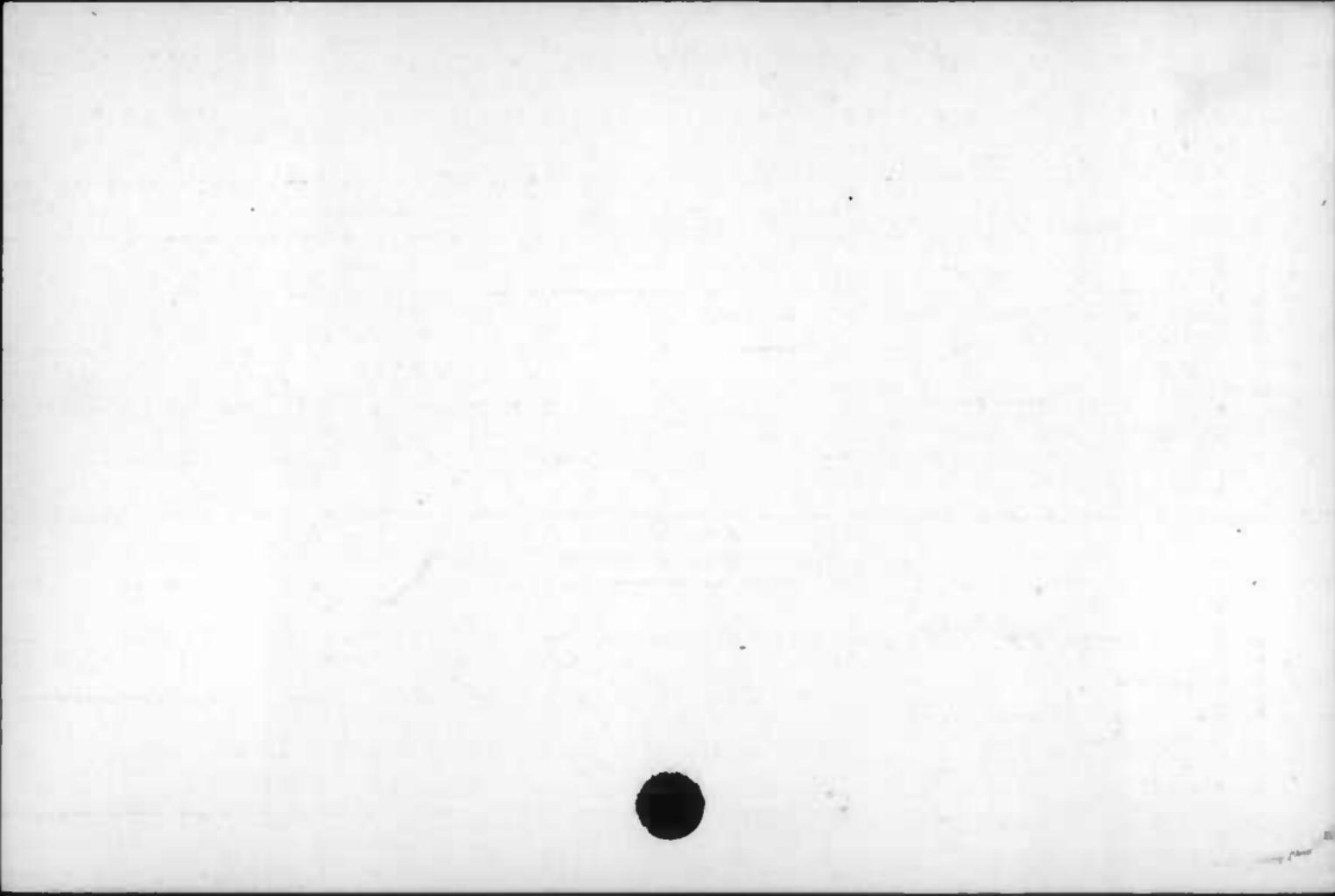
front door

3 Weeks

How long

Dr E Whitehead
New Windsor Md

Accident or Suicide?



Name
in
Full

James Lewis Wesley Lee

522

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Near ^{Town} Westminster

Died at

County

Carroll

MARYLAND

Date Month Day Years Months Days
of death 1909 Sept 30 22 2 15

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Occupation

Gardener

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Charles Wesley Lee

Father's
Birthplace

Maryland

Mother's
Maiden Name

Emmra Alverda Coronoway

Mother's
Birthplace

do

Name of person giving
Information

Charles Wesley Lee

How related
to deceased

Father

CAUSES OF DEATH

78

How long

Primary

Acute Myocarditis

2 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Eugene M Sullivan
146 Main St
Westminster

Address

Accident or Suicide

Mr Pleasant - Barber
Shaver

Name
In
Full

Herman Fultz Matthias

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	District		County	MARYLAND		
Died at	Yugers	District	Barnell			
Date of death	1909	Month Sept	Day 3	Years 15	Months 9	Days 15
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	School Boy		Where Residing if not at place of death	At home		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Edward Charles Matthias		Father's Birthplace	Maryland		
Mother's Maiden Name	Laura Bell Yugers		Mother's Birthplace	Maryland		
Name of person giving Information	Edward Charles Matthias		How related to deceased	Brother		

CAUSES OF DEATH

119

Primary	Acute nephritis	about 6 weeks
Immediate	Acute nephritis	about 6 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		

H. S. Cronin

Littlestown

Edward G. Graff

Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry George Mehling

CERTIFICATE OF DEATH

Died at Mt. airy

Town

County

MARYLAND

Date
of death

1909

Month

Sept.

Day

1

Years

4

Months

4

Days

14

Sex

Male

Color or
Race

White

Birth-
place

Balt.

Occupation

Where Residing if not
at place of death

218 S. Carey St

Married, Single
or Widowed

Single

Name of Wm.
HusbandFather's
Name

George H. Mehling -

Father's
Birthplace

Balt.

Mother's
Maiden Name

A.G. Fullum.

Mother's
Birthplace

Balt.

Name of person giving
Information

George H. Mehling

How related
to deceased

Father.

CAUSES OF DEATH

61

How long

12 days

Primary

Cerebral Meningitis.

Immediate

Asthma

How long

7 hrs.

Are the name, age, sex, color, date
and place correctly given above?

yes

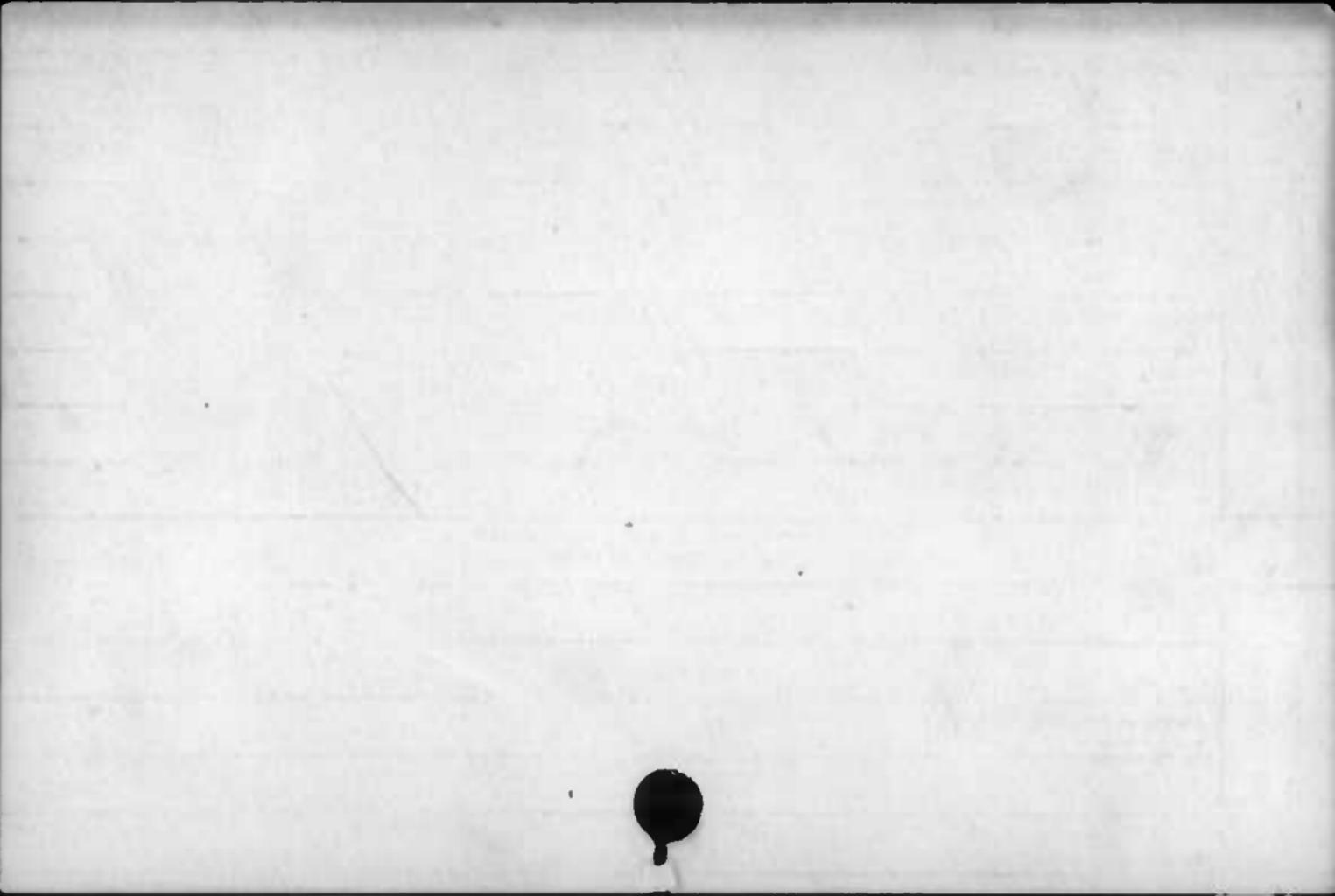
Signature of
Physician

F.M. Gairnar

Address

317 N. Carrollton Av

Accident or Suicide?



Name
in
Full

Annie Gertrude Myers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

Mariettaville Carroll

County

Date
of death 190

Month

Day

Years

Months

Days

9 September 14

Age 1.

6

Sex

Female

Color or
Race

White

Birth
place

Mariettaville

Occupation

Where Residing if not
at place of death

Mariettaville

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Birthplace

Carroll Co

Father's
Name

Harman Myers

Mother's
Birthplace

Balto. Md

Mother's
Name

Katie Myers

How related
to deceased

Father

Name of person giving
Information

CAUSES OF DEATH

Primary

Dropsy

177

How long

4 weeks

Immediate

Heart Failure

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Henry F. Leutley
Sylvesville
Coroner

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Katherine Myers

521

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Pleasant Valley	County	Carroll	MARYLAND					
Date of death	Month	Sept	Day	27	Years	80	Months	1	Days	20
Sex	Female	Color or Race	White	Birth-place	Maryland					
Occupation	Retired	Where Residing if not at place of death	Home							
Married, Single or Widowed	Widow	Name of Wife or Husband	Emanuel Myers (dead)	Father's Birthplace	Unknown					
Father's Name	Sonr / know	Mother's Birthplace	Unknown							
Mother's Maiden Name	Womr / know	How related to deceased	Sonr							
Name of person giving Information	Holly E. Myers									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Ald age - Senectus

154

How long

2 yrs

Immediate

General weakness

How long

4 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Charles L. D.
Terrytown

Accident or Suicide

Pleasant Valley (Cen.,
Stonier

Name
in
Full

Flowers May Ogle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Union Bridge		County Carroll		MARYLAND	
Date of death 1909	Month 9	Day 25	Age 35	Months 11	Days —
Sex Female	Color or Race white	Birthplace Fred. 60,			
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband William D. Ogle	Father's Birthplace Carroll Co.			
Father's Name Eliard Beugler	Mother's Birthplace Carroll Co.				
Mother's Maiden Name Alice Stultz	How related to deceased Brother,				
Name of person giving Information Guy Dungar					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pernicious Anemia -

54

How long

8. or 9. weeks.

Immediate Death. Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James Watt
Union Bridge
Md.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Edward F. Palmer

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Hampstead	Baltimore		
Date of death	Month	Years	Months Days
1909	Sept.	17	—
Age	Color or Race	Birth-place	
Male	White	Hampstead	
Occupation	Where Residing If not at place of death		
Married; Single or Widowed	Name of Wife or Husband	—	
Single	—		
Father's Name	Wm Palmer	Father's Birthplace	Hampstead
Mother's Maiden Name	Sallie Haines	Mother's Birthplace	"
Name of person giving Information	Sallie Palmer.	How related to deceased	Mother

CAUSES OF DEATH

Primary

Haemorrhage umbilical cord

Home

12 hr

Immediate

Heart weakness

How long

4 hr

Are the name, age, sex, color, date and place correctly given above?

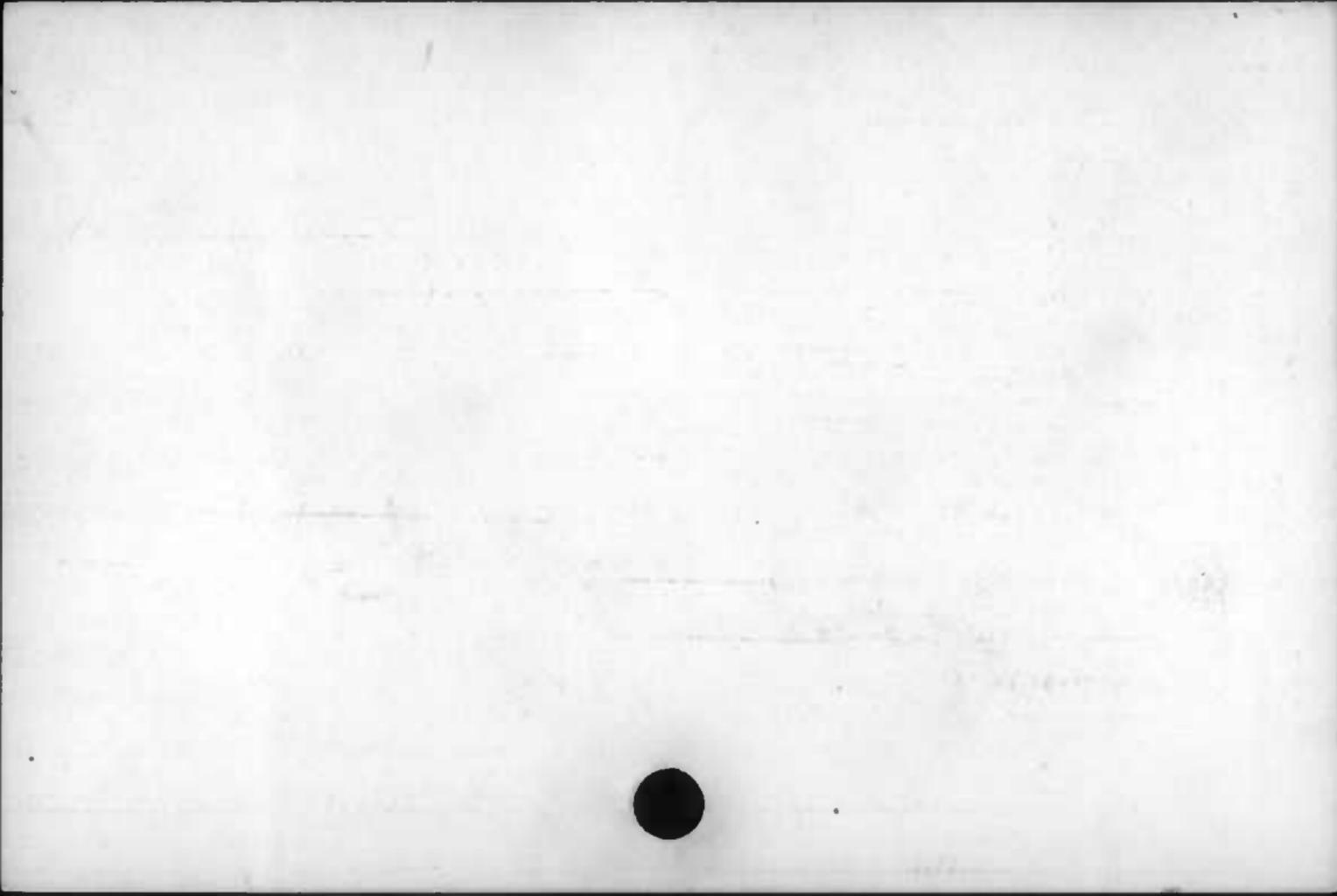
yes

Signature of Physician

Address

R. F. Richardson
Hampstead
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Eliza Jane Pfoutz

Town

Died at

Clear Ridge

County

Carroll -

MARYLAND

Month

Date
of death

Sept.

Day

22

Years

66

Months

11-

Days

12

Age

Age

Birth-
place

Uniontown

Sex

Female

Color or
Race

White -

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

John D Pfoutz

Father's
Name

Abraham Myers -

Father's
Birthplace

Uniontown

Mother's
Maiden Name

Eliza Babylon -

Mother's
Birthplace

Carroll Co -

Name of person giving
Information

Rachel Pfoutz

How related
to deceased

Daughter.

CAUSES OF DEATH

Primary

Arterio Sclerotic

64

How long

10 years

Immediate

Aphoplexy

How long

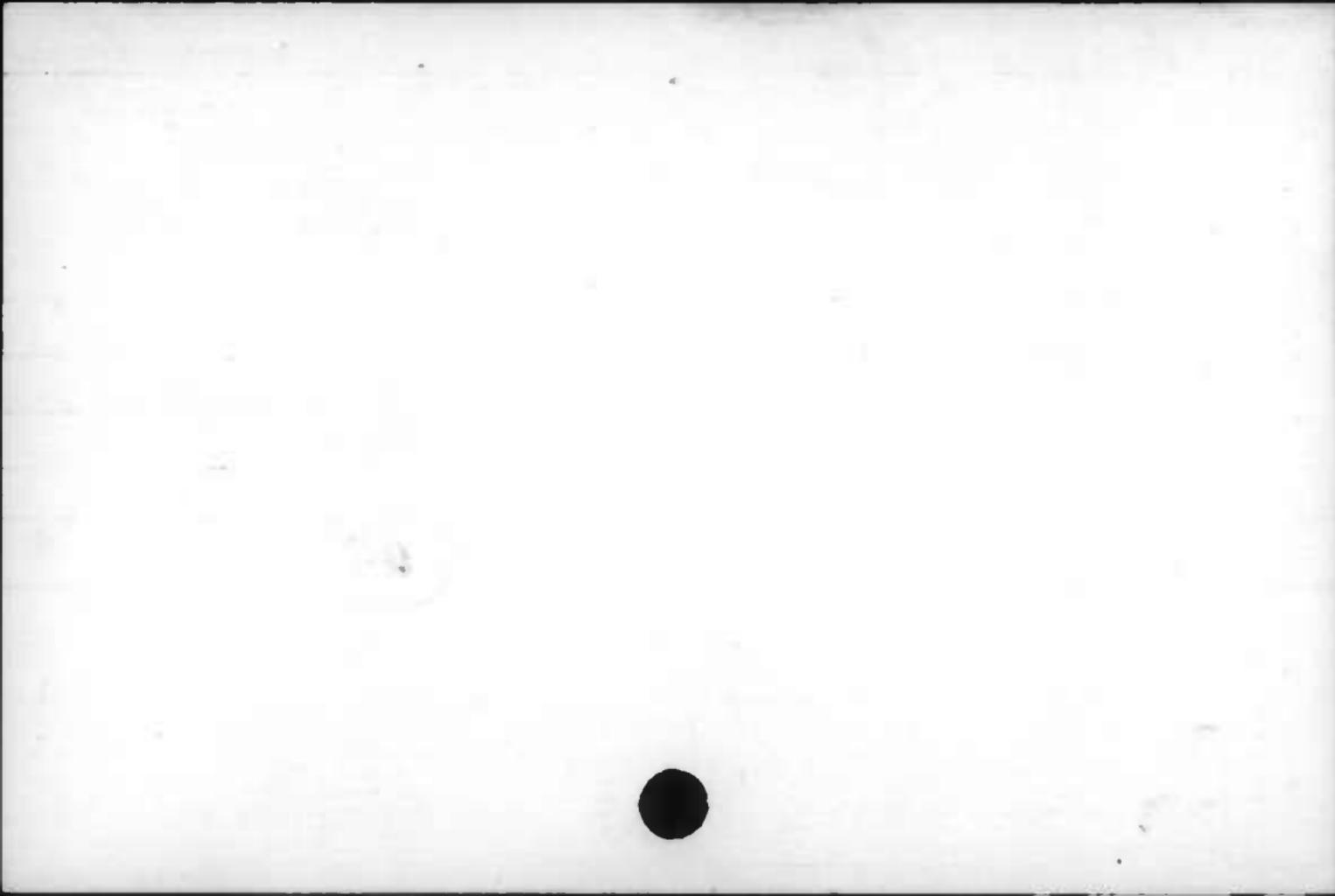
3 days.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Luther M. Eng
Uniontown Pa

Accident or Suicide



Name
in
Full

Ember Scott Plank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Laneytown

County
Carroll

MARYLAND

Date of death 1909 Month Sep Day 21

Years Months Days

29

Sex Female

Color or Race

White

Birth-place Laneytown Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

Walter C. Plank

Father's Birthplace

Adams to Pa

Mother's Maiden Name

Carrie Mc Nair

Mother's Birthplace

Name of person giving
Information

Walter C Plank

How related
to deceased

" Father "

CAUSES OF DEATH

Primary

Cyanosis -

150

Immediate

Heart failure by short time

Are the name, age, sex, color, date
and place correctly given above?

How long

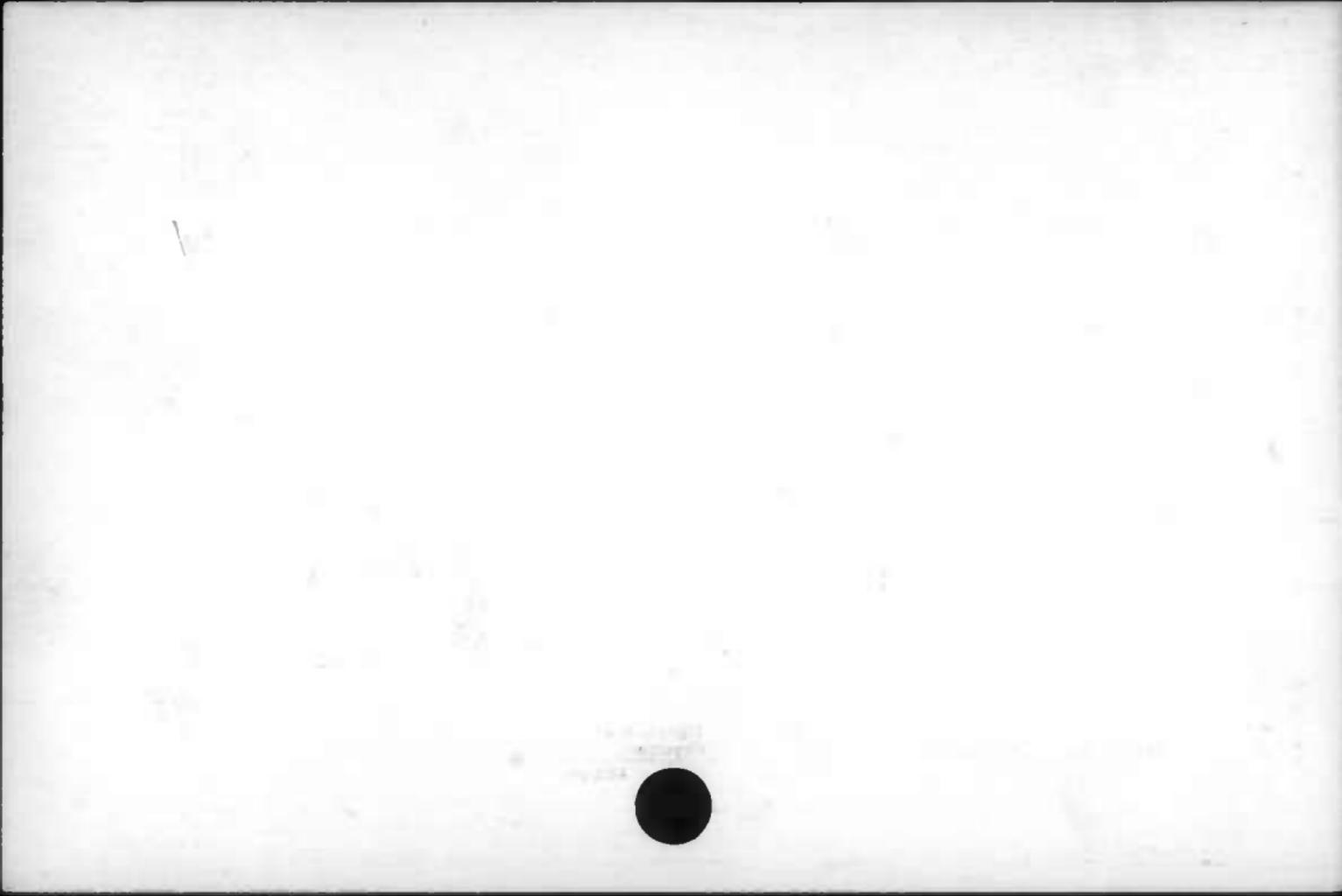
Accident or Suicide

No

Signature of
Physician

Address

T. H. Seiss M.D.
Laneytown Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

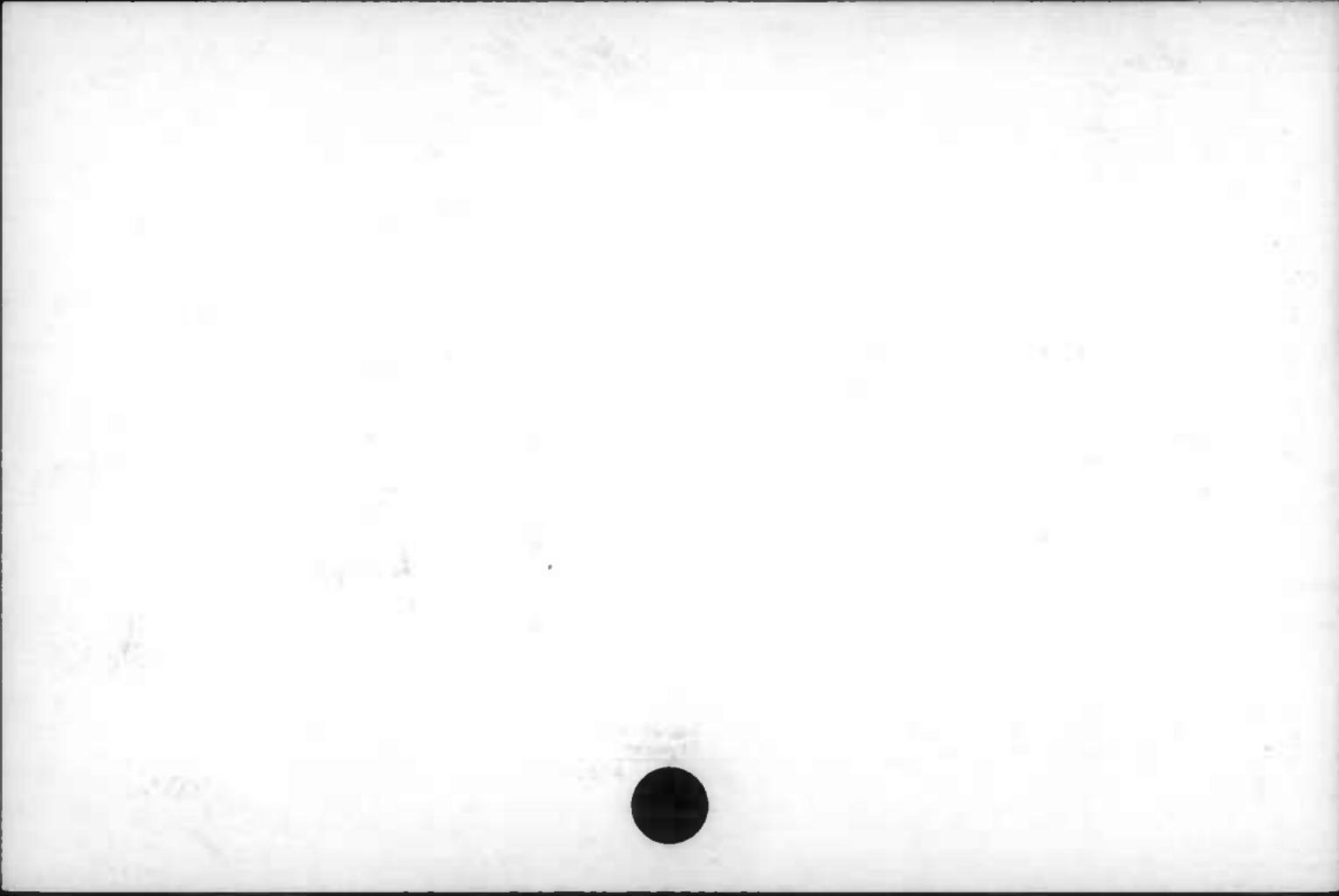
Amelia J Reindollar + CERTIFICATE OF DEATH
Died at Taneytown Town Carroll County MARYLAND
Date of death 1909 Month 9 Day 9 Years 81 Months 9 Days 20
Sex Female Color or Race White Birth-place Taneytown Md
Occupation Housewife Where Residing if not at place of death
Married, Single Widowed Name of wife Husband David Reindollar
or Widowed Father's Name Israel Hiteshew
Mother's Maiden Name Harriet Glaser
Name of person giving information Edward Reindollar Father's Birthplace Taneytown Md
Information How related deceased Son Mother's Birthplace Pa
How long 154 How long 7 yrs +
Primary Severe debility
Immediate Asthma

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

Signature of Physician
Address

yes



Name
in
Full

Mary Catherine Romsper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Months	Days
1909	Sep	5	Age	2	2
Sax	Female	Color or Race	White	Birth-place	Omington
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	W. F. Romsper				
Mother's Maiden Name	Minnie L. Myerly				
Name of person giving Information					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Malaria

151

How long

2 mos.

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

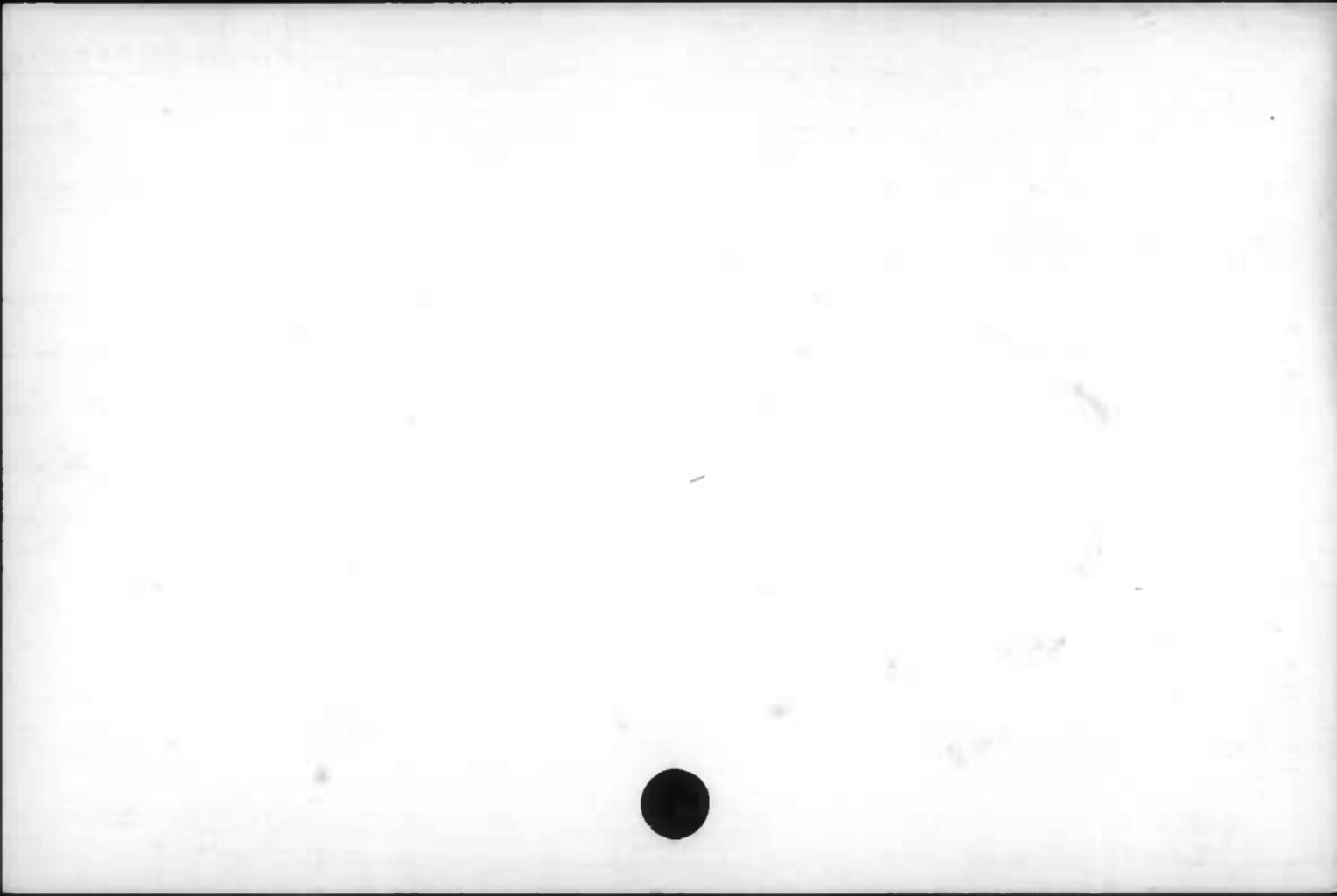
Signature of Physician

Address

Luther Kauf
Mucoidocer

Med.

Accident or Suicide



Name
in
Full

Elizabeth F. Rupp

Town

Hampstead

Rupp
Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hampstead Date of death 1909 Month 9 Day 16 Age 59 County Carroll Months 1 Days 26

Sax Female

Color or
Race

White

Birth-
place

Hampstead, Md.

Occupation

Housewife

Where Residing if not
at place of death

Same.

Married, Single
or Widowed

Married

Name of wife or
Husband

Daniel Rupp.

Father's
Name

Noah Woolsey

Father's
Name

Noah Woolsey

Birthplace

Hampstead, Md.

Mother's
Maiden Name

Sarah Richards

Mother's
Birthplace

Hampstead, Md.

Name of person giving
Information

Daniel Rupp

How related
to deceased

Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lobar Pneumonia

93

How long

1 wks.

Immediate

Heart Failure

How long

24 hrs.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Edgar M. Bush M.D.
Hampstead, Md.

Accident or Suicide

X



Name
in
Full

Eliza Shaffer

Died at
Manchester

Town

County

CERTIFICATE OF DEATH

MARYLAND

Date
of death 1909 Month Sept Day 29 Age 82

Months — Dey's 2

Sex Female Color or
Race White

Birth-
place Baughman Mills

Occupation Housewife

Manchester

Where Reiding if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Samuel Shaffer

Father's
Name Rev. Bixler

Father's
Birthplace Carroll Co Md

Mother's
Maiden Name Lydia Flickinger

Mother's
Birthplace Carroll Co Md

Name of person giving
Information Sarah Shaffer

How related
to deceased
daughter

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

General Debility

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J H Sherman M.D.
Manchester
Md

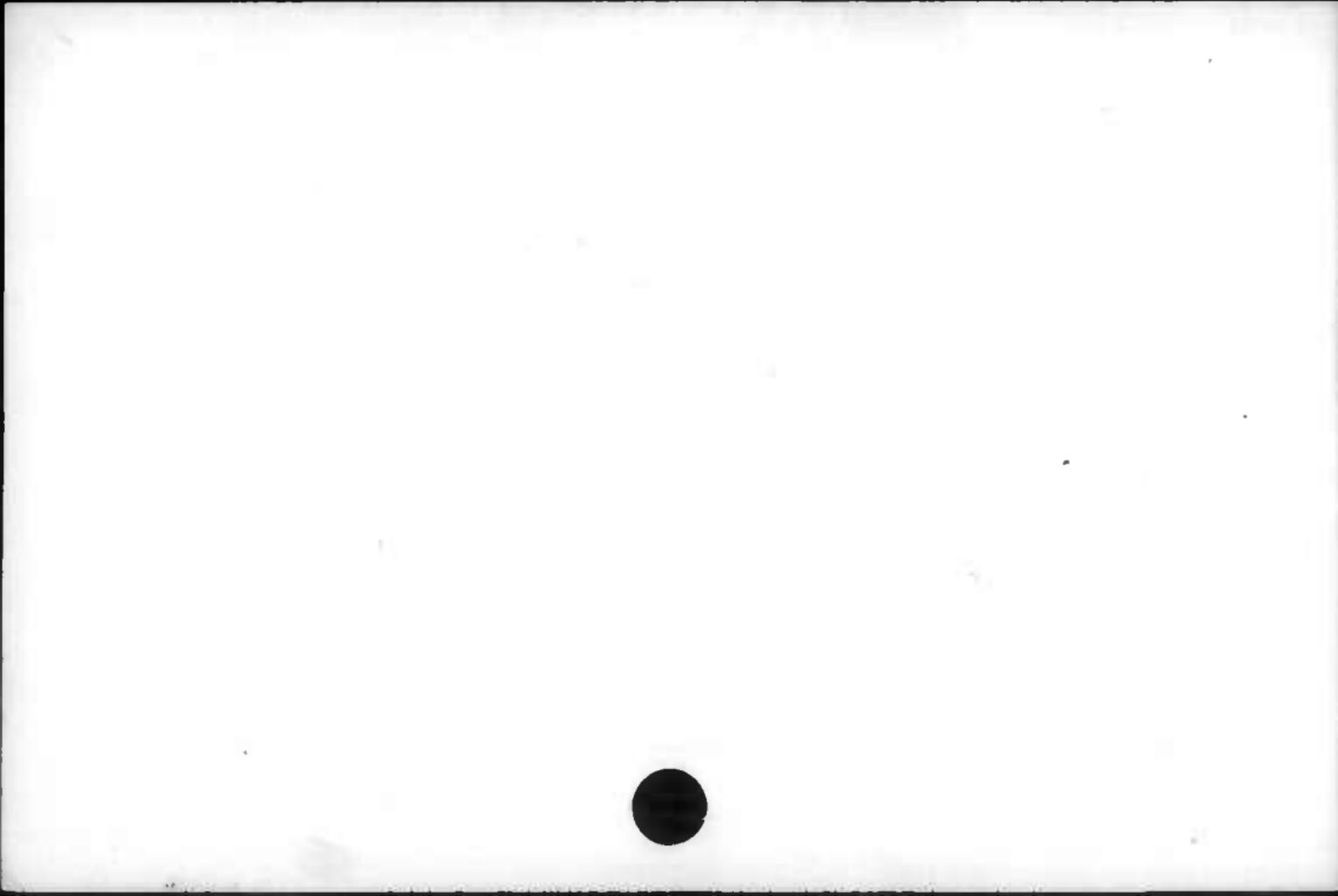
Accident or Suicide

154

How long

2 Years

How long



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William H. Shaffer +

CERTIFICATE OF DEATH

Died at <u>Hampstead</u>		Town <u>Carroll</u> County		MARYLAND		
Date of death <u>1909</u>	Month <u>9</u>	Day <u>9</u>	Age <u>68</u>	Years <u>10</u>	Months <u>10</u>	Days <u>21</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Unknown</u>				
Occupation <u>Famer.</u>	Where Residing if not at place of death					
Married, <u>Single</u> or <u>Unknown</u>	Married <u>Ellen Shaffer.</u>	Father's Birthplace <u>Unknown</u>				
Father's Name <u>Philip Shaffer.</u>	Mother's Maiden Name <u>Betsy Miller</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Ellen Shaffer.</u>	How related to deceased <u>Wife</u>					

CAUSES OF DEATH

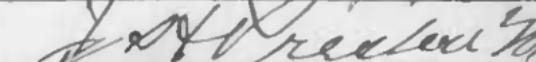
124

Primary Ovarial Rupture Ten years
Immediate Emetic Convulsions Twenty four hours

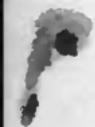
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address


Dr. Frederick W. Shaffer
Hampstead
Md

Accident or Suicide?



Name
in
Full

Madeline

Smith

Mo517

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Westminster			County	Carroll	
Died at	Month	Day	Years	Months	Days	MARYLAND
Date of death 1909	Sept.	14	Age	1	17	
Sex Female	Color or Race	White		Birth-place	Maryland	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Single			Name of Wife or Husband		
Father's Name	Clarence E. Smith			Father's Birthplace	Maryland	
Mother's Maiden Name	Carrie E. Smigart			Mother's Birthplace	Maryland	
Name of person giving Information	Clarence E. Smith			How related to deceased	Brother	

CAUSES OF DEATH

151

How long

9 weeks
4 hours

PHYSICIAN
OR CORONER

Primary

Masasmus

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

St. Luke's Barn
Westminster

Md.

Accident or Suicide

St Benjamins Cemetery
Stones.

Name
in
Full

Isabelle Staude

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Sykesville	Carroll		
Date of death 1909 Sept.	Month	Day	Years
Age 67			Months
Sex Female	Color or Race	White	Days
Occupation Housewife	Birth-place Md.		
Married, Single or Widowed	Where Residing if not at place of death		
Father's Name Unknown	Name of Wife or Husband	C. Staude (406 S. Sharpe St., Balt.)	
Mother's Maiden Name Unknown		Father's Birthplace	Unknown
Name of person giving Information Hospital Records		Mother's Birthplace	Unknown
		How related to deceased	—

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary General Paralysis

67

How long

over 2 yrs.

Immediate Cerebral Congestion & exhaustion

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

Yes.

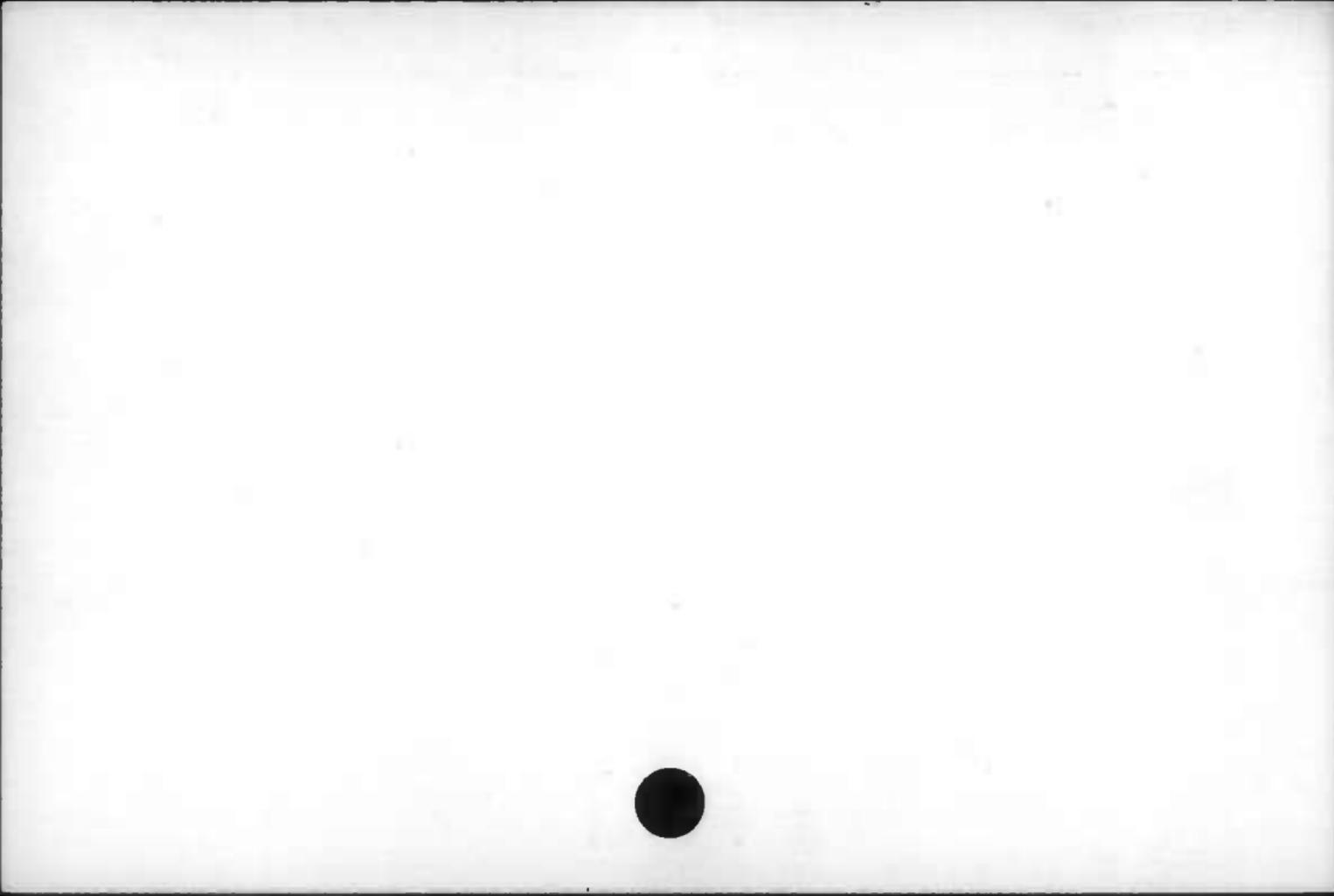
Signature of Physician

Address

John Norfolk Morris M.D.

Springfield Hospital
Sykesville, Carroll Co. Md.

Accident or Suicide —



Name
in
Full

Charles Edward Swartsbaugh 514
Town County CERTIFICATE OF DEATH
Died at Carroll MARYLAND
Westminster Carroll
Date Month Day Years Month Days
of death 1909 Sept 9 — 2 13
Sex Male Color or Race White Birth-place Maryland
Occupation — Where Residing if not at place of death
Married, Single Name of Wife or Husband —
or Widowed Single
Father's Name Charles Swartsbaugh Father's Birthplace Maryland
Mother's Maiden Name Bertha M. Wilson Mother's Birthplace de
Name of person giving Information Charles Swartsbaugh How related to deceased Father

TO BE ANSWERED BY
NEAREST FRIEND

Primary

Intestinal Indigestion 6 weeks
How long

Immediate

Murasimus - Exhaustion 4 days -

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide

No



Sharrer
Westminster Cemetery

Name
in
Full

John David Burns Weaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Greenmount	-	Carroll				
Date of death	1909	Month Sept	Day 1	Years	Months 3	Days 19	
Sex	Male	Color or Race	White	Age	Birth-place	Greenmount Md.	

Occupation	Where Residing if not at place of death
------------	--

Married, Single or Widowed	Name of Wife or Husband
-------------------------------	----------------------------

Father's Name	Wilbert B Weaver	Father's Birthplace	Adams Co Pa
---------------	------------------	---------------------	-------------

Mother's Maiden Name	Lula F Ebaugh	Mother's Birthplace	Carroll Co Md
----------------------	---------------	---------------------	---------------

Name of person giving information	Wilbert B Weaver	How related to deceased	Father
-----------------------------------	------------------	-------------------------	--------

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Cholera Infantum

How long
1 day

Immediate

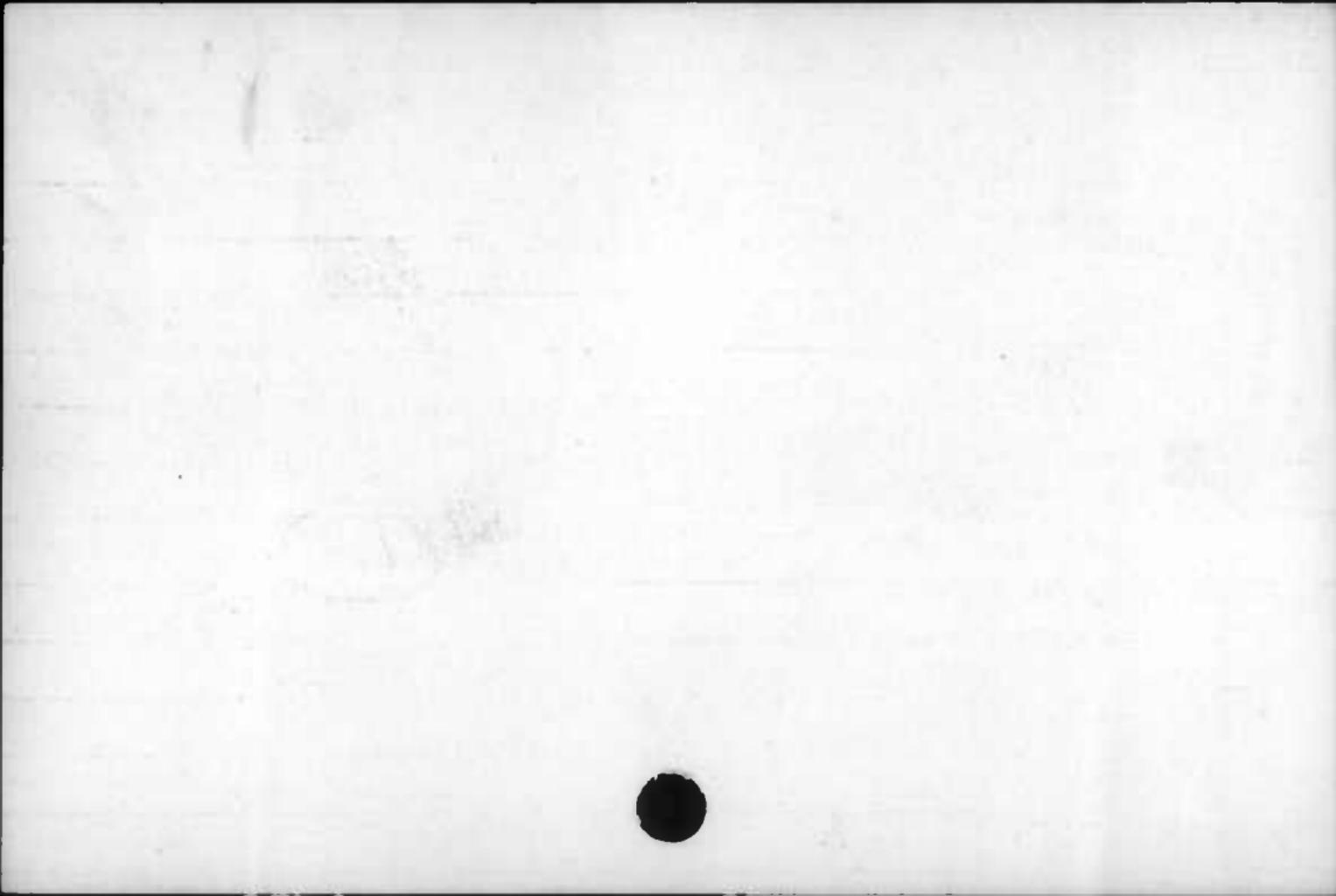
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Sherman M.D.
Manchester
Md.

Accident or Suicide?



Name
in
Full

Gladys Louella Welsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Sept	4	Age	2	
Sex	Female	Color or Race	white	Birth-place	Woodbine
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Geo Wm Welsh				
Mother's Maiden Name	Emma Harding				
Name of person giving information	Geo Wm Welsh				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congenital mitral insufficiency		How long	
	Exhaustion			
Immediate			"	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E D. Clark	
		Address	Winfield Carroll Co	
Accident or Suicide?				

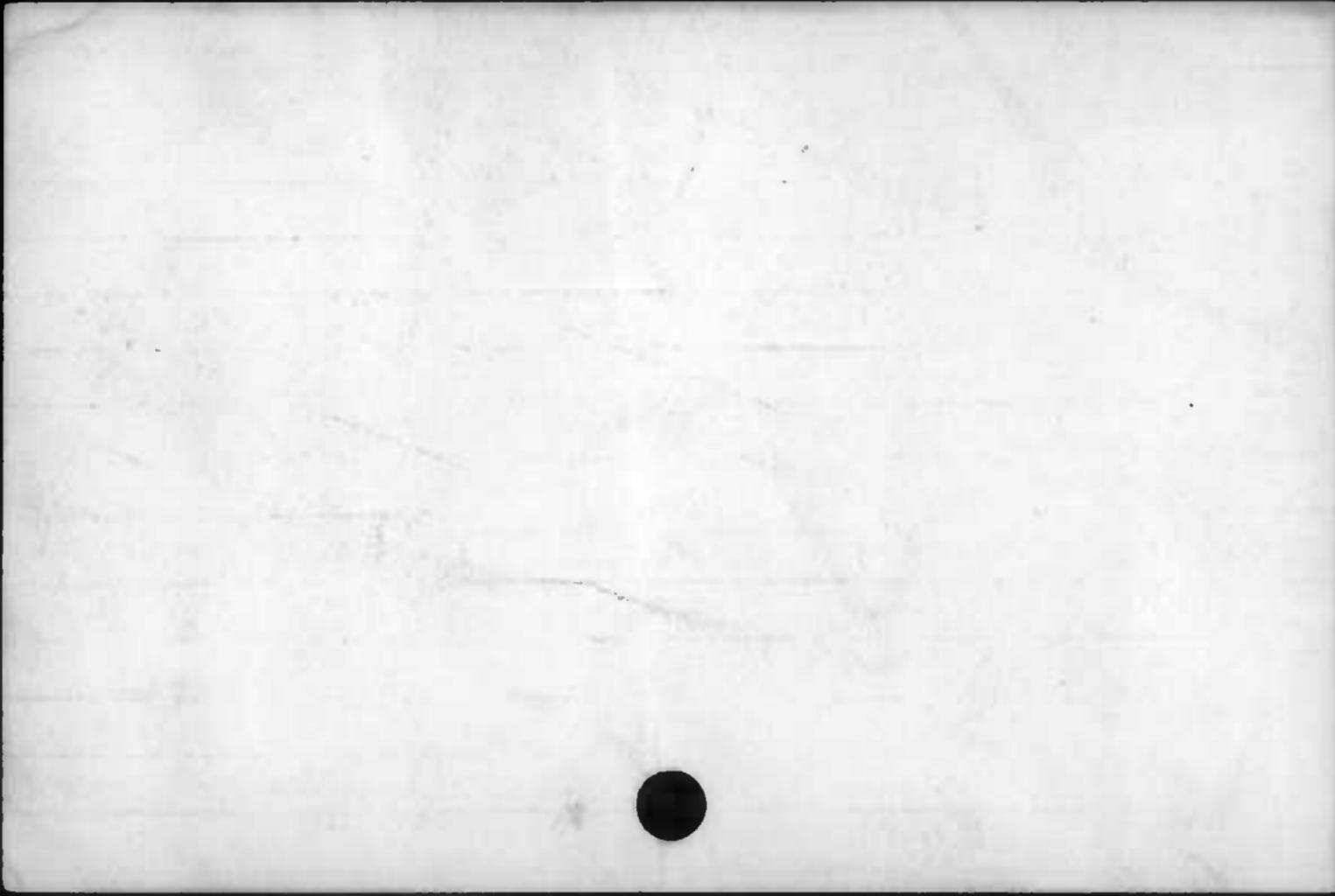
150

How long

From birth

How long

"



Name
in
Full

Martha Wren ✓ X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Union Bridge Town County MARYLAND
Date of death 1909 Month Day Years Months Days
Sex Female Color or Race Birth-place
Occupation Housewife Where Residing if not at place of death
Married, Single Married Name of Wife or Husband
Father's Name William Chey.
Mother's Maiden Name Martha E Morris,
Name of person giving Information Calvina Wren

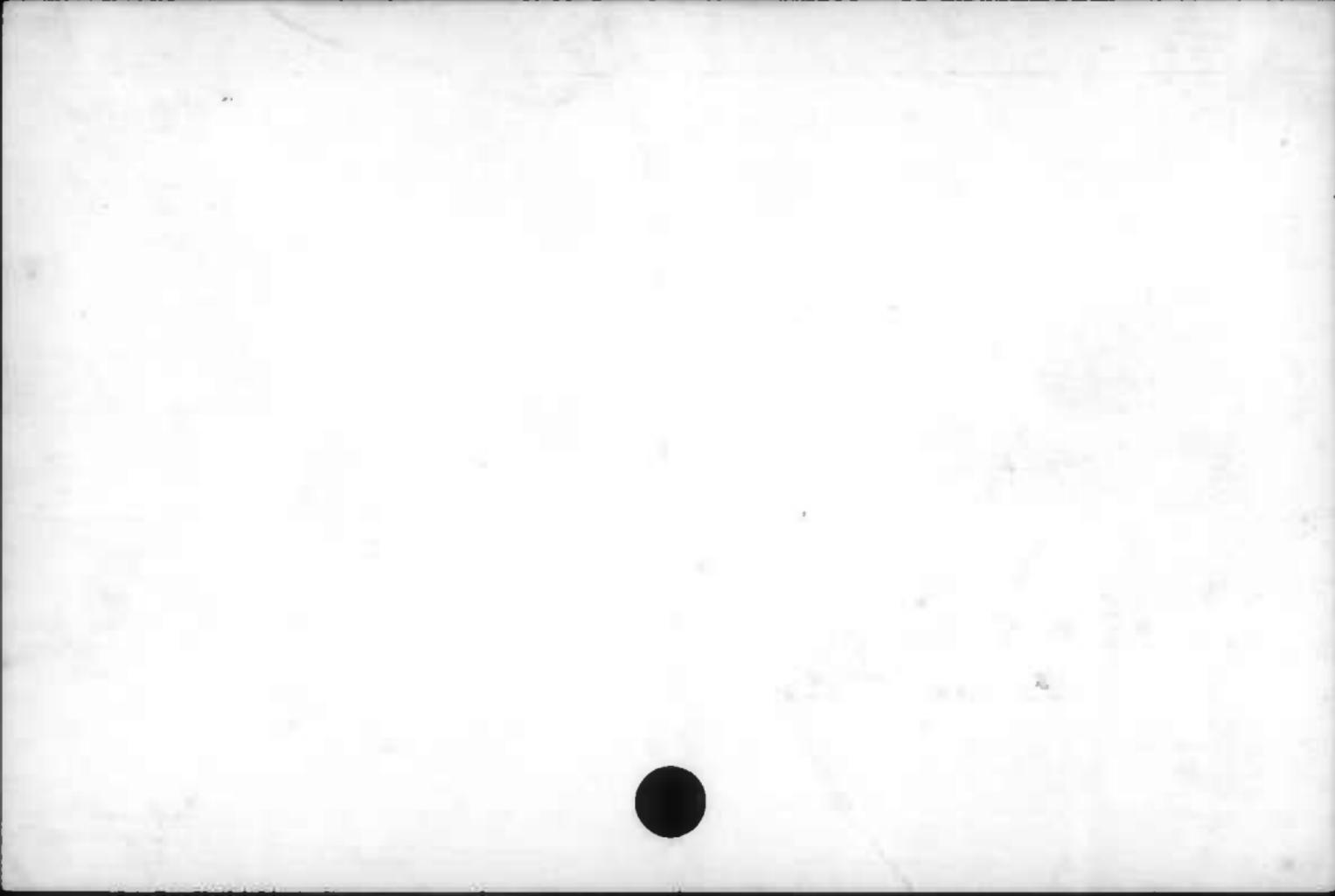
Father's Birthplace Carroll Co
Mother's Birthplace Carroll Co
How related to deceased Husband

CAUSES OF DEATH

43

Primary Cancer Right breast, axilla How long 8 years
Immediate General asthenia 2 years to
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J H Flegg,
Address Union Bridge
Accident or Suicide No

PHYSICIAN
OR CORONER



Name
in
Full

William N. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	48	6	2
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Linton			
Father's Name	Ephraim Wilson	Md			
Mother's Maiden Name	Sarah. A. Harris	Md			
Name of person giving information	Frederick H. Miller	No.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

120

8 mos.

Immediate

General Anasarca

How long

One month

Are the name, age, sex, color, date and place correctly given above?

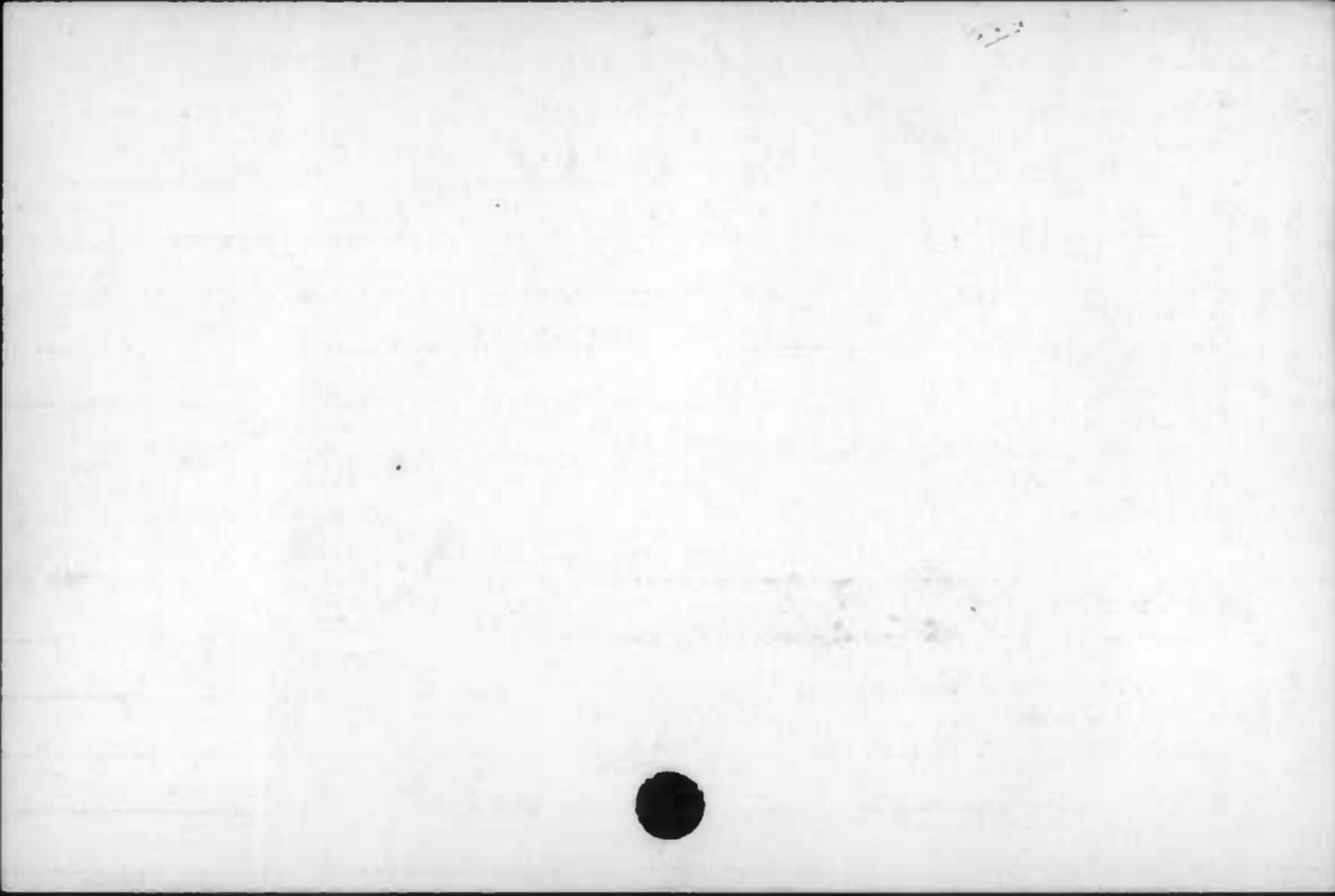
Yes

Signature of Physician

Address

Lester Newell
Linton Md.

Accident or Suicide?



Name
in
Full

Lulu May Winder

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Rykessville		County Carroll		MARYLAND	
Date of death 1909 Sept.	Month	Day 25	Age 27	Months	Days
Sex Female	Color or Race	White		Birth-place	Md.
Occupation None	Where Residing if not at place of death				-
Married, Single or Widowed Single	Name of Wife or Husband		-		
Father's Name Unknown			Father's Birthplace	Unknown	
Mother's Maiden Name Unknown			Mother's Birthplace	Unknown	
Name of person giving Information Hospital Records			How related to deceased	-	

CAUSES OF DEATH

Primary Typhoid Fever

Immediate Exhaustion from Toxaemia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

(Address)

John Norfolk Morris, M.D.

1
long

17 days.

How long about 4 days

Q
Accident or Suicide

Springfield Hospital,
Rykessville, Carroll Co., Md.



Name
in
Full

Lydia S. Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Woodbine		County Carroll		MARYLAND	
Date of death 1909	Month Sept.	Day 9	Age 44	Months	Days
Sex Female	Color or Race	White		Birth-place	
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Husband	William Wolf			
Father's Name Hanson Franklin			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

Primary Cerebral Hemorrhage

64

How long

Sudden

Immediate Cardiac and Respiratory Paralysis

About 20 hours

Are the name, age, sex, color, date and place correctly given above?

yes

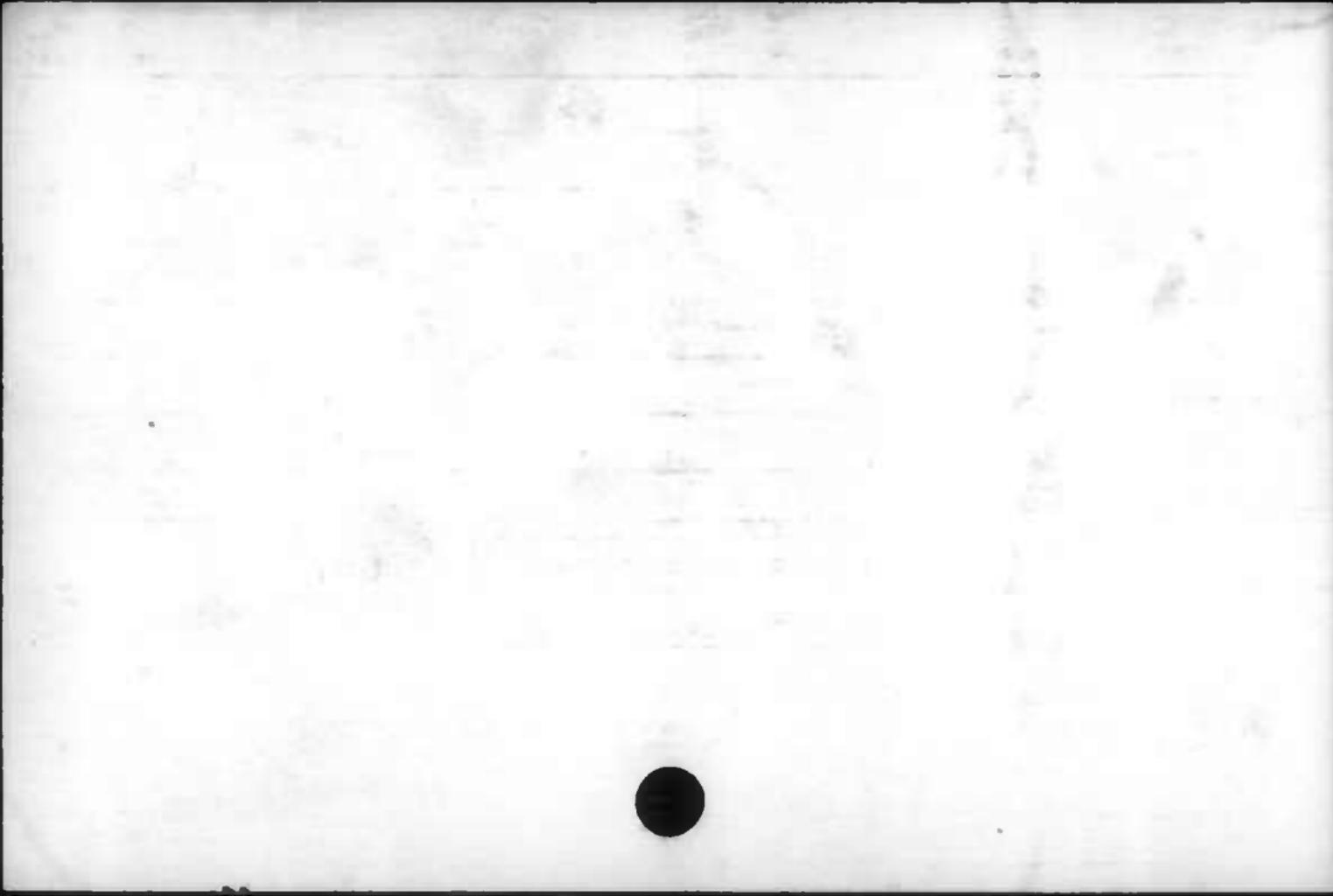
Signature of Physician

Address

Wm B Gambrill

Ellicott City, Md.

Accident or Suicide



Name
in
Full

Lillie V. Germenewen +

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909 Sept.	Month	Day	Years	Months	Days
Sex Female	Color or Race	White	Birth-place	Maryland	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jacob H. Germenewen				
Mother's Maiden Name	Dora V. Shaffer				
Name of person giving information	Jacob H. Germenewen				

CAUSES OF DEATH

Primary	Open Heart		How long	Since birth
Immediate	Convulsions		How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J.C. Preston M.D.	
		Address	Hampstead, Md.	
Accident or Suicide?				

